DEVON'S HEALTH

IN

1960

The Annual Report of the
County Medical Officer and
Principal School Medical Officer

CONTENTS

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Additional Members

Mrs. F. Hiley	Dr. Vanstone	Prof. S. H. Watkins
Miss Ragg		

Medical Department,
Ivybank,
45, St. David's Hill,
Exeter,

20th July, 1961.

To the Chairman, Aldermen and
Members of the Devon County Council.

Mr. Chairman, My Lords,
Ladies and Gentlemen,

I have the honour to present my Annual Report for 1960.

The Mental Health Act became fully operative on November 1st, and the Health Committee during the year spent much time in preparing plans to fulfil its recommendations. Plans for children with mental subnormality are well advanced and, although it was not found possible to build the new Centres at Plymstock and Barnstaple, it is hoped that a start may be made during the coming year. It is also hoped to start the building of the new centre for adults at Torquay during 1961, and in this project the Committee is working in close co-operation with the Torbay Society for the Mentally Handicapped.

Oaklands Park, which has done so much for the children of the county for almost twenty years, was closed at the end of the year, and opens as a residential centre for children with subnormality in January. Basildon in Exmouth, a smaller place, has taken over the former functions of Oaklands Park, and the improved health of the children of the county is reflected in this decision.

During the year Mr. Jeffery Fletcher retired after many years of valuable work as Principal School Dental Officer in the county. His departure was greatly regretted and reference to his work for the public dental service, both locally and nationally, is in the body of the report. It was found impossible to replace Dr. Hinds, who also retired, and who had done so much for the Child Guidance Service. We are grateful to the Regional Hospital Board for the help they gave us through Dr. Sime. It is hoped to fill the establishment of a Senior Medical Officer for the Mental Health Services next year, as much development can be foreseen with the new Mental Health Act.

A welcome innovation during the year was the formation of a Joint Health and Welfare Sub-Committee, which should prove in time to be an excellent link between the Health and Welfare Committees, on problems which are common to both.

Attention is also invited to the section on the work of the Hearing Assessment Clinics, where much valuable work is being done by co-operation between the Hospital Consultants and the School Health Service.

Devon did not escape the floods which affected so many parts of the country during the autumn. One must record the quiet, unobtrusive way in which the service was maintained by the staff at all hours of the day and night, in spite of difficulties which at times appeared insuperable.

As heretofore, this is a composite document, and I must thank those who contributed towards it. One must also record thanks to the many voluntary workers who did so much for us during the year in so many ways. The teachers in the schools were, as always, helpful and co-operative. We are indebted to the Chairman and Members of the Health Committee, and to the other officers of the Council for much help and understanding.

I have the honour to be,

Your obedient Servant,

W. J. DOYLE,
County Medical Officer and
Principal School Medical Officer.

PUBLIC HEALTH SERVICES

Much of the responsibility for safeguarding the public health rests with the various District Medical Officers of Health. Their work is recorded in the Annual Reports submitted to their own District Councils, but as usual, reference is made here to the control of infectious diseases, linked as it is to immunisation and vaccination, as well as to sampling of foods and drugs, water supplies and sewerage disposal, in all of which the County Council is more or less directly interested.

The " environmental " health services of District Councils and the " personal " health services of the County Council must be linked closely, and it is partly to this end that in most areas of the County there are medical officers holding " mixed appointments "—that is acting as Medical Officer of Health to a group of District Councils (or in the case of Torquay, the Borough Council only) and also undertaking some of the " county " work in his area. The Ministry of Health also stresses the value of such appointments and it is a matter of regret that no agreement was reached during the year with the various authorities in the Bideford/Torrington/Holsworthy area, concerning the proposed mixed appointment there.

POPULATION, BIRTHS AND DEATHS

The population of the County showed a further increase during the year to an estimated figure of 526,640 at mid-year. Births also showed a slight increase as follows:—

Live Births: 7,213

Legitimate—total: 6,893 (males 3,583: females 3,310)
Illegitimate—total: 320 (males 173: females 147)
Rates: Crude 13.70 (corrected 15.48) compared with a birth rate of 17.1 for England and Wales.

Stillbirths: 140

Legitimate—total: 130 (males 76: females 54)
Illegitimate—total: 10 (males 7: females 3)
Rate: 19.04 per 1,000 total (live and still) births.

Deaths

1960 shows an increase of nearly 300 deaths over the previous year, all accounted for by the increase in deaths from diseases of the heart and circulatory system. For the first time for many years there has been an interruption in the upward trend in deaths from cancer.

Causes of deaths are summarised below, and analysed in detail in Table XV in the appendix.

	1960
Causes of Death:	
Tuberculosis and other infectious diseases	65
Cancer and other malignant diseases	1,358
Vascular lesions of nervous system	1,220
Diseases of heart and circulatory system	3,197
Diseases of respiratory system (excluding tuberculosis)	642
Diseases of stomach and digestive system	98
Diseases of genito-urinary system	132
Maternal deaths	5
Accident, suicide, etc.	291
All other causes	716
TOTAL DEATHS	7,724

INFECTIOUS DISEASES AND THEIR CONTROL

Notification of Infectious Diseases

The following cases of infectious diseases were notified to District Medical Officers of Health during the year:—

Measles	2,441	Food Poisoning	76
Pneumonia	171	Dysentery	71
Scarlet Fever	289	Typhoid and para-typhoid	1
Erysipelas	43	Puerperal pyrexia	8
Whooping Cough	233	Ophthalmia neonatorum	5
Tuberculosis	181	Diphtheria	—
Poliomyelitis	6		

There is a considerable body of opinion that there is little point in continuing the notification of certain of these diseases. Little can be done to control the spread of measles until a vaccine is made available, and today it is no more a public health problem than chicken pox or german measles which are not notifiable. " Pneumonia " is not an infectious disease in the usual sense and calls for no epidemic control, whilst there can be little value in notification of such streptococcal diseases as scarlet fever and erysipelas whilst streptococcal sore throats are not (and probably could not) be controlled.

Whooping Cough. Notification of whooping cough has some value in assessing the progress of immunisation schemes, and it is encouraging to note a further downward trend this year.

Tuberculosis. This is one of the few infectious diseases where notification, as a first step in tracing source of infection and in preventing further spread, is still vital. In view of the importance of this disease a separate section is devoted to it as usual.

Poliomyelitis. Notification is justified here both in applying control measures and as a pointer to the success of vaccination. Although caution is still needed in interpretation, the further fall to a total of only 6 cases is most encouraging. If this low level is maintained, it will certainly justify the vast effort devoted to the necessary injections.
Food Poisoning, Dysentery, Typhoid and Para-Typhoid Fevers. This group of gastro-intestinal infections calls for prompt notification by telephone so that the Medical Officer of Health can initiate investigations whilst evidence remains, and also take steps to prevent further spread.

Of the 75 cases of food poisoning this year, 37 occurred in Torquay whilst 44 of the 71 cases of dysentery were notified in the St. Thomas R.D.C. area. The one case notified as para-typhoid was not confirmed by bacteriological findings.
Puerperal Pyrexia can include any febrile illness such as a cold in the mother during the fortnight after delivery of her baby, and whilst of importance to the patient and those responsible for her care, no longer of public health interest. Much the same couid be said of ophthalmia neonatorum.

Vaccination and Immunisation

Smallpox Vaccination. The figures for primary vaccination against Smallpox last year show a gratifying increase over the 1959 figure. It is noteworthy that more are now being vaccinated in the second year of life rather than in the first year. The overall percentage of children being vaccinated is too low to provide adequate protection should an outbreak of Smallpox take place. It is necessary to emphasise the increased risk of cases of Smallpox appearing in this country due to the rapidity of travel.

	Primary Vaccinations			*Re-vaccinations*
	under 1 year	*over 1 year*	*Total*	
Undertaken by A.C.M.Os.	544	609	1,153	12
Undertaken by G.Ps.	1,554	2,610	4,164	1,706
Total	2,098	3,219	5,317	1,718

Diphtheria, Whooping Cough and Tetanus Immunisations.

It is possible to arrange protection of children against these three diseases by means of one vaccine known as triple vaccine. Accordingly the figures given in this report for the protection against the various diseases include the use of triple, combined (double) or single vaccine.

Diphtheria

The figures for Diphtheria immunisations in infant and pre-school children as well as in school children show a slight drop as compared with those for 1959. It is to be noted, however, that following several outbreaks of Diphtheria in other parts of the country there has been an increased demand for Diphtheria immunisations, and the number of children receiving the booster doses has increased during 1960. As a result of the intensive immunisation campaign conducted during and immediately after the war Diphtheria has tended to disappear and there are many young parents who have not experienced an outbreak of this disease. The result has been that these parents are liable not to treat the disease with the respect which it certainly deserves. A number of outbreaks of Diphtheria during 1960 demonstrates the fact that it is still a disease to be reckoned with. It is sad that there has to be an outbreak of a disease to remind people of the danger which it can present.

Whooping Cough (*including combined and triple vaccine*).

Following the introduction of triple vaccine in the county during 1959 the numbers of children immunised against Whooping Cough have increased markedly, the total figure showing an increase of about 35% over those given during 1959. This demonstrates clearly the advantages of being able to give protection against a number of diseases by one course of injections.

Diphtheria including combined vaccine.

	Primary Courses			
	Infants and Pre-School Children	*School Children*	*Total*	*"Booster" Injections*
Undertaken by A.C.M.Os.	1,635	252	1,887	3,134
Undertaken by G.Ps.	4,164	309	4,473	1,113
Total	5,799	561	6,360	4,247

Whooping Cough including combined vaccine.

	Infants and Pre-School Children	*School Children*	*Total*	*"Booster" Injections*
Undertaken by A.C.M.Os.	1,516	79	1,595	34
Undertaken by G.Ps.	3,943	210	4,153	563
Total	5,459	289	5,748	597

Tetanus

As stated last year it was possible to introduce figures for immunisation against Tetanus, and once again these include children who have been immunised as a result of the use of triple vaccine, as well as those who have received active immunisation against Tetanus alone. There is still some confusion in the public mind about the type of protection given by the injections which a child may receive in Hospital following an accident and those given by their own doctor or by the School Medical Officer. It is worth emphasising that following an accident it is a routine measure in Hospitals to give an anti-tetanic serum (A.T.S.) This serum will only protect the person to whom it is administered during the period of time immediately following its injection. It usually disappears completely in about six weeks. For this reason Hospitals have been asked to request parents of children receiving this injection to take them for a further immunisation with Tetanus Toxoid (T.T.), the injection of which enables the body to make its own protection. Following the lessening of emphasis on Poliomyelitis immunisation it has been possible to carry out a more intensive campaign of immunisation against Tetanus. It is hoped that in due course as many children will be protected against Tetanus as against any of the other diseases for which immunisation is possible.

TETANUS (Including Combined)

	Infants and Pre-School Children	*School Children*	*Total*
A.C.M.Os. (Primary).	1,600	216	1,816
G.Ps. (Primary)	4,102	1,736	5,838
Total	5,702	1,952	7,654

Poliomyelitis

During 1960 it has been possible to complete the third injections for all those wishing to have them. The total number of persons in the county vaccinated against Poliomyelitis is now very encouraging although the response in the higher age groups, that is, the 26 to 40 years and over 40's, for which no actual figures are available, has not been as good as the response in children and younger adults. Vaccination against Poliomyelitis is now carried out as a routine measure during infancy. The response in children up to 15 years of age has been particularly good—now being over 80,000.

POLIOMYELITIS 1st January—31st December, 1960

Undertaken by	1—15 *years*	16—25 *years*	26—40 *years*	*Others*	*Total*
A.C.M.Os.	6,718	4,434	209	440	11,801
G.Ps.	11,499	11,788	2,366	446	26,099

Since the inception of the scheme the number of persons vaccinated against Poliomyelitis is as follows:—

G.Ps.	66,974
A.C.M.Os.	62,172
	129,146

B.C.G.

During the school year 1959/60 the numbers of children for whom consent to B.C.G. vaccination was received increased very markedly. The number of those proving positive to Heaf test showed a slight increase. The total number of those receiving B.C.G. however, was very much greater than in the previous year. B.C.G. vaccination is now offered to all school children over the age of 13 and to students attending further education establishments. This year freeze-dried vaccine has been used throughout the county, and despite a certain amount of disadvantage, mainly lying in the fact that it is very sticky to use, most Medical Officers prefer its use as they are not tied to a definite date for giving the vaccination, the liquid vaccine having to be used within three or four days of its availability.

	School Children 13+	*Students Attending Further Education Establishments*
No. of children for whom parental consent received.	7,488	14
No. tuberculin tested (Heaf test 2 mm. puncture).	7,162	14
No. positive	1,308 18%	2 14%
No. negative	5,756 82%	12 86%
No. given freeze-dried B.C.G. vaccine	5,748	12

TUBERCULOSIS

At the Annual Chest Physicians' Conference during the Autumn, we were again pleased to have with us Dr. Eley from the Ministry of Health. At this Conference Dr. Midgley gave us a valuable account of the International Meeting on Chest Diseases in Vienna.

At the previous Chest Physicians' Conference, it had been decided, in the light of the Ministry's suggestion in Circular 7/59, to build up a central case register again. In order to make this of real value, it had to provide useful epidemiological information and it had to be possible to keep it up to date. To meet these requirements Chest Physicians agreed to provide certain information additional to that on the original notifications, including details of how the case was picked up, the presumed source of infection, clinical classification, bacteriological findings and information about contacts examined. This information is being transferred to individual punch cards to facilitate analyses, the addition of new cases and removal of cases coming off the register or leaving the County. This has involved additional work for the Chest Clinics, which has been willingly shouldered, but has provided information which is of interest now and which will be invaluable for comparisons in future years. Cases for which details have been supplied by the Chest Physicians are summarised as follows:—

Numbers of new notifications during 1960	181
Known cases moving into Devon in 1960	12
	193
Number of chronic sputum positive patients (mainly notified prior to 1960)	32

The remaining tables apply only to the new notifications: in some cases bacteriological and other findings are not yet complete and analyses are based on not quite all the 181 new notifications.

Age, Sex and Type of Disease.

148 cases were pulmonary and 33 non-pulmonary types of tuberculosis. Males accounted for 65% of the pulmonary cases and females only 35%, whilst the proportions were almost reversed in the non-pulmonary. The most notable feature shown in tables below is the much higher incidence of pulmonary disease in males with increasing age, starting in the 45-54 age group, but more marked in the 55-64 and over 65 groups. This emphasises the need to concentrate on these groups both in Mass X-ray Surveys and when following contacts of cases and of positive children in the Heaf Testing Scheme.

Age	*Pulmonary*		*Non-Pulmonary*		*All forms T.B.*		
	Males	*Females*	*Males*	*Females*	*Males*	*Females*	*Total*
Under 5	1	1	—	1	1	2	3
5—14	4	10	1	5	5	15	20
15—24	11	3	2	2	13	5	18
25—34	10	10	1	6	11	16	27
35—44	10	3	4	2	14	5	19
45—54	17	8	2	1	19	8	27
55—64	18	9	1	3	19	12	32
65+	24	9	2	1	26	10	36
Total	95	53	13	20	108	73	181

Occupation

The occupations of the notified patients have been grouped broadly according to the Registrar General's Socio-Economic Groups. We have, however, added groups for housewives and children and have classified separately retired people who, in Devon, comprise a more than average proportion of the population. It is hoped that information from the 1961 Census about the distribution of these socio-economic groups in the County will enable us later to compare the incidence in the different groups.

Socio-Economic Group	*Notifications*		
	Pulmonary	*Non-Pulmonary*	*Total*
A. AGRICULTURAL			
1. Farmers	3	1	4
2. Agricultural workers	4	—	4
B. NON-AGRICULTURAL			
I. *Non.-Manual*			
1. Higher Administrative, Professional etc.	3	—	3
2. Intermediate-Admin.	6	1	7
3. Shopkeepers	1	—	1
4. Clerical Workers	8	2	10
5. Shop Assistants	1	1	2
6. Personal Service	3	2	5
II. *Manual*			
1. Foremen	—	—	—
2. Skilled workers	17	3	20
3. Semi-skilled	9	—	9
4. Unskilled	9	—	9
C. SPECIAL GROUP			
1. Armed Forces	1	—	1
2. Housewives	27	10	37
3. Retired	23	3	26
4. Children	17	8	25
5. Institutions	1	—	1
6. Others	3	—	3
No information available	12	2	14

How Detected.

Most cases (about 40%) were picked up by the general practitioner who referred the patient to a chest clinic, and another 25% were diagnosed in general hospitals or out-patient clinics. 17 cases were found at public sessions of Mass X-ray, 11 by checking contacts of notified cases, 7 were sent to Mass X-ray by their own doctor and 5 were detected through the Heaf testing of school children.

How Picked Up	*Pulmonary*	*Non-Pulmonary*	*Total*
G.P. to Chest Clinic	62	11	73
G.P. to Mass X-ray	7	—	7
Contacts of known cases	11	—	11
Hospitals	26	19	45
Public Sessions Mass X-ray	17	—	17
T.B. Tests	5	—	5
No information available	20	3	23

Source of Infection. The feature of this Table is the difficulty presented to the Chest Physician in tracing the source of infection due to many factors, one of which is the length of the incubation period. In spite of all these difficulties, it has been possible, as the Table shows, to trace the infection in some of the cases.

Source	*Notifications*		
	Pulmonary	*Non-Pulmonary*	*Total*
Milk	—	—	—
Family	11	1	12
Friends	4	—	4
Work	1	1	2
Unknown	132	31	163

Location of Disease

148 cases were pulmonary. Of the 33 non-pulmonary, 12 were glands of neck, 10 genito-urinary and only 3 of bones or joints. 2 were meningeal, 2 abdominal and 4 elsewhere.

Clinical Assessment

We next analysed the clinical condition of the patients as assessed by the Chest Physician for the purposes of his return to the Regional Hospital Board and Ministry of Health on form T. 145. This classifies the " T.B. positive " patients (i.e. those from whom the

organism has been isolated) and the " T.B. negatives " (those from whom no organism has been isolated) each into three sub-groups according to the degree of constitutional disturbance—either slight, moderate or profound. This information is not yet available in 30 cases.

		Pul.	*Non-Pul.*
A. T.B. Negative	(1) Slight constitutional disturbance	29	11
	(2) Moderate constitutional disturbance	7	3
	(3) Profound systemic disturbance	3	1
B. T.B. Positive	(1) Slight constitutional disturbance	33	9
	(2) Moderate constitutional disturbance	32	2
	(3) Profound systemic disturbance	21	—

Bacteriology

Bacteriological investigation was not undertaken, or results are not yet available, in 37 cases. Of the remaining 144 cases, 36 were negative and 108 positive. Of the 92 positive pulmonary cases 47 were positive on smear, 36 after sputum culture, whilst in 10 cases bronchial lavage was necessary to isolate the organism.

In 14 of the cases, all pulmonary, in which the organism was typed, all were human type. In no instances were drug resistant organisms found.

Contacts

Contact tracing is still proceeding in some cases, but in connection with 166 of the notifications, Chest Physicians examined 338 contacts (2 per case) and found 21 further cases as a result. Not all of these were notified during 1960 however. Details are given below.

Contacts examined		*No. of cases T.B. found*
Household — Husband or wife	66	3
Household — Children	130	11
Household — Other adults in same house	98	4
Total household:	294	18
Neighbours, friends or relatives not living in household	34	3
Contacts at work, in school or elsewhere	10	—

Chest Clinics

Dr. McMillan retired from his post as Chest Physician in North Devon at Easter after 30 years service. He will be sorely missed for his clinical acumen and for his helpful and thoughtful advice. The high regard with which he was held by his General Practitioner and County Council colleagues and their appreciation of his work was conveyed to him at the presentation ceremony they arranged in Barnstaple.

We are pleased to welcome Dr. B. R. Hillis as a "Physician with special interest in chest diseases" but feel he will have a very difficult task to cover the Tuberculosis work as well as his other responsibilities in North Devon.

The work of the four Chest Clinics in Torquay, Barnstaple, Exeter and Plymouth, is summarised in the table below:—

	Torquay	*B'stple*	*Exeter*	*Plymouth*	*Total*
Patients on Register 1.1.60	1,239	843	1,173	421	3,676
New Notifications					
(a) respiratory	42	35	47	26	150
(b) non-respiratory	9	2	16	3	30
Deaths	15	7	11	3	36
Patients on Register 31.12.60	1,188	839	1,149	373	3,549
First examination of suspects	989	327	1,137	963	3,416
Cases of T.B. found	53	32	63	23	171
Contacts examined	493	206	496	423	1,618
Cases of T.B. found	1	3	3	6	13
Contacts vaccinated with B.C.G.	83	49	182*	177	491

*including 42 nurses.

Dr. Adkins mentions in his report that " The routine work has proceeded and the number of active cases of tuberculosis going through the clinic is continuing to fall. At the same time, the follow up of old cases has shown that many who were considered quiescent, particularly those treated in the pre-chemotherapy days, will remain a subject of risk and their follow up must be continued throughout their lifetime.

Some success has been achieved in contact tracing from the School Tuberculin Testing Scheme and I have, under my own care,

at the time of writing, three apparent sputum positive cases in the Isolation Hospital, Whipton, traced by this scheme."

Dr. Mellor writes of his work in South West Devon:—

" The number of persons on the register decreased by 48 during 1960 due to further pruning of old wood. Of the 372 patients on the register, there were only 3 relatively positive cases remaining at home at the end of the year."

G.P. Sessions

The general practitioner sessions at Beaumont House on Wednesday evenings continue to be well supported, 446 persons attending for X-ray examination. Of these, 74 were recalled for clinic examination with the following results:—

Nothing abnormal detected	38
Obs.—inactive T.B.	16
Active T.B.	1
Carcinoma bronchus	1
Other abnormalities	18

Contact Work

The attendance at the contact clinics is still good and the total of 1,158 contacts were examined during the year.

New contacts examined in relation to the 29 newly notified cases amounted to 250, 49 Tuberculin tested and 201 X-rayed, an average of 8.6 contacts examined per case. This figure reflects great credit on the work of the Health Visitor.

With one notable exception, contact work was not very profitable in finding the source of infection. The exception was in the case of a mother found to have an active primary complex. Subsequently her three children were also found with active lesions. The source was ultimately traced to a friend from the North of England, who had stayed with the family for a week about two months previously. Thanks to the co-operation of all concerned, this person was found to have an active and open lesion. In another case the source was ultimately discovered—a fellow work mate.

Three cases were also found as a result of the 5-year Heaf testing scheme—2 in one family—but these two cases should strictly be included in the 1960/61 year figures.

B.C.G. Vaccination

A total of 177 susceptible contacts were vaccinated during the year, 202 Heaf tests being carried out in this connection.

Mass Radiography

Visits were made during the year to Tavistock, Ivybridge and Kingsbridge areas to accommodate the positive school children and their families. A total of 2,650 X-rays were carried out and four significant cases of tuberculosis discovered.

Dr. Wyndham Lloyd comments on his work in the Torbay area, as follows:—

"The figures for 1960 show a satisfactory trend without giving any cause for complacency. The new notifications, the number of cases on the register and the deaths are all lower than they have ever been.

The number of deaths is given as 15, but this figure is very misleading because it represents the number of patients removed from the register because of death. Of the 15 only 8 actually died from tuberculosis. Of the remaining 7, two died of carcinoma and the others respectively of coronary thrombosis, cerebral haemorrhage, bronchitis and emphysema, heart failure and one in a road accident.

The average age of death from tuberculosis has been steadily rising and in 1960 stands at 52 years for both men and women. It should be added that of the patients that died all had been known to the chest clinic for many years, the mean period between notification and death being as long as 12 years. This means that all these had been treated in the first instance before the era of modern chemotherapy."

Chest Hospitals

Dr. Midgley, Consultant Chest Physician, reports:—

" The work carried out in the hospitals managed by the Exeter Special Hospital Management Committee has reflected the changing nature of respiratory disease in the community. Of the 1,102 patients admitted, 283 were suffering from tuberculosis, and 819 from other diseases. Of those suffering from non-tuberculous conditions, 400 were admitted to the surgical unit and 419 to the medical wards. Though tuberculosis accounts for only 25.7% of our total admissions, it is still the most important single disease with which we have to deal. Of diseases other than tuberculosis the four most common were cancer, emphysema, bronchitis and bronchiectasis in that order. The proportion of elderly patients continues to increase, 44.3% of those admitted were 55 years or older. Some of these patients also have other conditions usually associated with old age, and they make very heavy nursing. The number of deaths, i.e. 115, is the highest yet recorded. Of these 35 died from cancer, 16 from tuberculosis, 11 from bronchitis and emphysema, and 53 from other causes."

Heaf Test

The number of children positive on first test continues to decline. During this school year six cases of tuberculosis were found as a result of the Heaf testing done in schools—half being adult contacts of Heaf positive children and the remaining three being children found to be Heaf positive when tested. Although the number of cases of tuberculosis picked up by this scheme is not very large it was agreed at the Chest Physicians' Conference in November, 1960 that it was worth continuing, and testing of all primary school children has continued during the current year.

It was also decided that, despite the interesting epidemiological information provided, we should drastically cut the details recorded by the Health Visitors and the findings for the year are consequently less detailed than heretofor.

Report on Heaf Testing Scheme—Primary School children, from 1st September 1959 to 31st August, 1960

	Entrants	*Conversions*	*Total*
No. Tested (All Ages)	—	—	29,637
No. Positive on 1st Test	284	—	284
No. Conversions	—	180	180
No. Positive Children X-Rayed	243	156	399
No. Contacts X-Rayed:			
(*a*) Adults	435	246	681
(*b*) Children	35	34	69
No. Cases Picked Up:			
(*a*) Adult Contacts	3	—	3
(*b*) Heaf Positive Children	3	—	3
No. T.B. Cases found per 1,000 Children tested:			
(*a*) Adult Contacts	.1	—	
(*b*) Heaf Positive Children	.1	—	
No. T.B. Cases found per 100 Heaf Positive Children:			
(*a*) Adult Contacts	1%	—	
(*b*) Positive Children	1%	—	

Mass Radiography

Dr. Templeton Medical Director, reports:—

" During 1960 a total of 32,179 Devon residents were examined in our itinary through the county. 8,700 approximately of these examinees were X-rayed by the new 100 mm. light mobile X-ray Unit, which is continuing to prove extremely valuable for short stays at the more remote villages in the county.

The Interim Adrian Report 1959 which recommended that children under 15 years of age and ante-natal examinees should be done on large films until more accurate estimation of the radiological hazards to patients were carried out, dealt us quite a heavy blow, as in the general public surveys I am of the opinion that many parents

refrained from attending because their children of school age could not be X-rayed at the same time. A lot of parents are more anxious that their children should be examined than they are about their own health if they are symptom free.

The final Adrian Report has recently been published, and I hope (when Ministry approval is given) to be able in the near future to X-ray children with other members of the general public on 35 mm. films provided there is some medical indication (i.e. letter from general practioner, or Heaf +ve reactor). The X-ray apparatus will of course, have the recommended modifications of the primary beam.

1,126 tuberculin positive scholars during the year have been X-rayed by us on large films, and three out of this group were found to be suffering from pulmonary tuberculosis requiring treatment.

As was to be expected, out of the general practitioner referrals group of 322, a higher incidence of active tuberculosis was found—(approximately 1 %)."

FOOD AND DRUGS ACT, 1955

The County Health Inspector submits the following report for 1960:—" During the year, 2,971 formal and informal samples were taken by the four full-time and one part-time Sampling Officers employed in the Department. 1,121 of them were submitted to the Public Analyst and the remaining 1,850 (all milks), were examined by the Gerber Test in the Laboratory attached to the Department. Of the 1,121 samples, 70 were milk and 1,051 were commodities other than milk.

The samples submitted to the Public Analyst represented a very wide range of foodstuffs and medicines—milk, ice cream, sausages, spirits, proprietary medicines and drugs—to mention only a few of the commodities given special attention.

The Public Analyst reported that 69 samples were either adulterated or gave rise to some other irregularity. 43 of the 69 samples were of milk and 18 contained added water. As a result, 4 vendors were prosecuted and a warning letter was sent in 3 other cases.

The remaining 25 samples of milk were ones in which the non-fatty solids and/or butter fat was below the normal accepted figure, but investigation in each case showed that the milk was being sold in the same condition as it came from the cow and that no offence under the Food & Drugs Act was being committed.

Of the samples reported on by the Public Analyst, other than milk, were bread containing a length of chain, and crumpets which were contaminated by a growth of mould, and a prosecution was successfully instituted in each case. The other samples included Spirit of Sal Volatile, Ice cream, Sponge slices, bread, vinegar, pork sausages, beef sausages, blackcurrant jam, calamine lotion,

' butterys '—(buttered rolls), draught cider and dandelion coffee. A warning letter was sent in 9 cases and a verbal warning was given in 5 instances.

The Sampling Officers take their samples with considerable care and selectivity. Apart from the help given in this Department, they are assisted and advised in their choice of samples by consultation with the Public Analyst and by a close study of the reports issued by the Public Analysts of other Counties and public accounts of the legal action taken by other Food & Drugs Authorities.

Milk and Dairies Regulations, 1949.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The County Council issued licences to the 11 Pasteurising operators in the County and a very careful watch is kept both on the Pasteurising Plants and the processed milk. This involves regular inspections and samples are submitted for laboratory examination at very frequent intervals. Additional checks on the quality of the processed milk are afforded by the routine sampling of milk supplied to the schools in the County. A very large proportion of school milk is derived from these plants.

Milk in Schools Scheme:

The tendering and three-year contract system of supplying the schools with milk commenced in 1955 has worked with great success as far as this Department is concerned. Of the 446 schools of all types, 424 take Pasteurised milk derived from 5 of the Pasteurising establishments. This has enabled effective supervision of the supply to be maintained and a substantial reduction in the amount of work this has hitherto involved.

597 samples of Pasteurised milk were submitted for examination and all but 5 passed the Phosphatase Test. 51 samples of Tuberculin Tested milk were also examined by the Methylene Blue Test.

Biological Examination of Milk for the Presence of Tuberculosis.

During the year a total of 679 samples was submitted. There were no positive results. The figures for the preceding years are as follows:—

Year:	*No. of Samples:*	*Positive Results:*
1950	638	5
1951	726	2
1952	781	11
1953	475	3
1954	1,028	12
1955	1,941	5
1956	959	nil
1957	831	4
1958	1,107	2
1959	905	2
1960	679	nil

Once more our thanks are due to Dr. B. Moore and Dr. C. M Jellard of the Public Health Laboratories at Exeter and Plymouth for carrying out many of the tests on milk and water, and for much helpful advice on many matters during the year.

The Milk (Special Designation) (Specified Areas) Orders.

When the Ministry of Agriculture, Fisheries and Food include a district in a Specified Area, only specially designated milk—i.e. Sterilised, Pasteurised or Tuberculin Tested milk—may then be sold in that district.

There has been a considerable extension of Specified Areas in the County since the first area was scheduled in December, 1953. On the 25th July, 1960, an Order included the Borough of Honiton, the Urban District of Seaton and the Rural Districts of Axminster and Honiton in a new Specified Area. On November 28th, 1960, three more districts were specified—the Urban District of Holsworthy, the Rural District of Holsworthy and the Rural District of Broadwoodwidger.

It is understood that Okehampton and Tavistock will probably become " specified areas " in 1961. This will leave only the South Molton and Crediton areas outstanding and it is hoped that by 1962, the entire County will be a " specified area."

WATER SUPPLIES

The three Water Boards—the North Devon, the South Devon and the East Devon Water Boards—have all been active during the year, and all have substantial schemes, either in course of construction or awaiting the consent of the Minister of Housing and Local Government. This progress is emphasised by the amount of precept which each Board makes on the County Council. Comparative figures are as follows:—

	1958/59 *Actual Cost*	1959/60 *Actual Cost*	1960/61 *Probable Cost*
North Devon Water Board:	£158,767	£232,583	£216,600
South Devon Water Board:	£111,680	£176,427	£155,850
East Devon Water Board:	£86,049	£77,031	£76,825

The progress of the three Water Boards has continued; the North Devon Water Board now covers an area of 1,621 square miles, 737 miles of water main have been laid and the average quantity of water supplied is 6,000,000 gallons per day. The total capital expenditure incurred by the Board is £4,468,910.

The South Devon Water Board has a statutory area of supply amounting to 240 square miles; 280 miles of main have been laid and the total amount of water supplied during 1960 was just over 395,000,000 gallons. The total capital expenditure is approximately £2,485,000.

The East Devon Water Board covers an area of 202 square miles; 130 miles of main have been laid and the output of water during 1960 was 482,000,000 gallons. The total capital expenditure is £890,642.

During the year grants under the Rural Water Supplies Act were agreed to in principle on the following schemes:—

Local Authority:	*Parishes or Areas Affected:*	*Estimated Cost:*
Brixham U.D.C. (Jointly with the South Devon Water Board).	Kingswear	£11,500
Plympton St. Mary R.D.C.	Brixton	£4,628
	Cornwood	£2,245
	Holbeton	£5,800
	Newton Ferrers	£4,200
	Watercombe Treatment Works	£11,300
	Wembury	£2,433
	Yealmpton	£3,500
St. Thomas R.D.C.	Clyst Hydon	£7,035
	East Regional Water Scheme	£60,000
	Poltimore	£5,250
	West Regional Water Scheme	£1,750

SEWERAGE AND SEWAGE DISPOSAL

During the year, the following schemes were considered by the County Medical Department, and recommendations in each case were made to the Water and Sanitation Committee.

Local Authority:	*Parishes or Areas Affected*	*Estimated Cost:*
Barnstaple R.D.C.	Bishops Tawton, Landkey and Swimbridge	£114,000
Brixham U.D.C.	Higher Brixham	£154,000
Crediton R.D.C.	Lapford	£65,700
	Sandford	£27,700
Great Torrington B.C.	Extensions to Sewage Works	£34,000
Kingsbridge R.D.C.	Galmpton and Hope Cove	£27,700
	Malborough	£11,905
	Ringmore	£19,000
	Sherford	£11,800
	Thurlestone	£6,900
Newton Abbot R.D.C.	Kingsteignton	£3,119
	Ogwell	£29,619
Okehampton R.D.C.	Bratton Clovelly	£7,199
	Folly Gate	£15,960
	Sourton Down	£1,275
Paignton U.D.C.	Storm Water Sewers	£450,000
Plympton St. Mary R.D.C.	Elburton	£15,500
St. Thomas R.D.C.	Otter Valley Scheme	£197,700
	Tedburn St. Mary	£30,637
	Upton Pyne and Brampford Speke	£42,900
Salcombe U.D.C.	Sewerage Scheme	£50,000
South Molton R.D.C.	Georgenympton	£6,600
Tiverton R.D.C.	Uffculme	£6,430
Totnes R.D.C.	Cornworthy	£7,202
	Marldon	£2,310

Contamination of Bathing Beaches.

In the Report for 1959, where the above subject was referred to at length, mention was made that the County Council had decided, in principle, to offer grants to urban authorities to undertake schemes to cleanse beaches and estuaries primarily on aesthetic grounds. Several of the maritime urban authorities have submitted details of their proposals and these have been carefully examined by the technical advisers to the County Council.

HEALTH EDUCATION

This year two very notable steps were taken. As anticipated in the last Report, the County Council agreed to subscribe to the Central Council for Health Education and it was also decided to make an appointment of Health Education Officer in 1961. In October the Central Council for Health Education, in conjunction with the National Association for Mental Health, arranged a particularly stimulating two-day course for our staff on the theme " Mental Health and the Community," to which we welcomed colleagues from neighbouring authorities as well as those working within the Mental Hospitals.

The Minister specifically asks for comment on " the steps which have been taken to bring to public notice the connection between tobacco smoking and lung cancer." The unco-ordinated activities of local health authorities, with their relatively limited resources, are unlikely to make much impact on the public against the vast sums spent on advertising by the tobacco firms and against the emotional resistance of smokers themselves. This is fully borne out by the experience of a mass campaign in Edinburgh in 1958, which showed that although 3 out of 4 people had been reached by one or other of the media used, there was no demonstrable effect on their smoking habits, neither was there any increase in the proportion of those who accepted that smoking increased the risk of lung cancer. It is doubtful whether anything less than a full scale and sustained national publicity campaign conducted by experts will have any influence on the general public.

We believe that our efforts should be concentrated on teaching in schools, where perhaps we have some opportunity of preventing young people from taking up the smoking habit. We had originally assumed that such teaching would be given in the secondary schools, but evidence is accumulating to suggest that some children start smoking earlier and that teaching will have to be commenced in primary schools if we are to catch the children before they commence smoking. The teachers have had their attention drawn to the conclusions in the M.R.C. statement, help has been given to those requesting it in preparing material for classes, and some talks have

been given by members of this department. We have also taken the opportunity of talking to student teachers at Rolle College in the hope that they will disseminate the teaching when they take up posts in schools. Reports suggest that the methods which are being used at present in this country may not have the hoped for effect even with school children, and that further research into methods is essential.

The Cohen Committee which has recently been appointed may well indicate in its report the need to undertake, or to support, voluntary bodies who are prepared to undertake research into the efficiency of various methods of health education in this field and it is to be hoped that its recommendations will be accepted. Without this evaluation much of our well intentioned effort may be wasted.

PERSONAL HEALTH SERVICES

Maternity

The vital statistics for 1960, set out in the form requested by the Minister of Health, are:—

Live Births: Number	7,213
Rate per 1,000 population	13.7
Illegitimate live births per cent of total live births	4.43
Stillbirths: Number	140
Rate per 1,000 total live and still births	19.04
Total live and stillbirths	7,353
Infant Deaths (deaths under 1 year)	133
Infant Mortality Rates:	
Total infant deaths per 1,000 total live births	18.43
Legitimate infant deaths per 1,000 legitimate live births	18.56
Illegitimate infant deaths per 1,000 illegitimate live births	15.63
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	14.28
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	13.17
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	31.96
Maternal Mortality (including abortion):	
Number of deaths	5
Rate per 1,000 total live and still births	.679

Maternity and Child Welfare Dental Services

The following table gives details of number of patients and treatment given under the Maternity and Child Welfare Scheme. It will be noted that of the 287 mothers seen only 16 were found not to require treatment whilst 73 of the 457 infants were dentally fit. This suggests that whilst mothers are prepared to present their children for inspection to find out if treatment is needed, they tend to present themselves only when there is no doubt about it.

A. Number Provided with Dental Care.

	Expectant and Nursing Mothers	*Pre-School Children*
Examined	287	457
Needing Treatment	271	284
Treated	266	262
Made dentally fit	109	163

B. Forms of Treatment Provided

	Expectant and Nursing Mothers	*Pre-School Children*
Scaling and Gum Treatment	151	20
Fillings	269	242
Ag. $N.O_3$ Treatment	8	63
Crowns or Inlays	—	—
Extractions	544	149
General Anaesthetics	34	69
Dentures		
Full upper or lower	49	—
Partial Upper or lower	43	—
Radiographs	18	1

Midwifery

Domiciliary deliveries attended	2,642
Nursing care of mothers discharged from Hospital before 10th day	1,449
Attendances at G.P. Ante-Natal Clinics	2,098
Attendances at County Council Clinics	1,407
No. of cases in which Gas and Air was administered	2,320
No. of cases in which Trilene was administered	53
No. of cases in which Pethidine was administered	1,437
Total number of Midwifery and Ante-Natal visits to home deliveries	85,178
Total number of Ante-Natal visits to Hospital booked patients	12,439

The biggest changes in midwifery this year have been the changes brought about by the new rules of the Central Midwives Board. Any lessening of duties during the puerperium by reducing the normal minimum lying-in period from fourteen to ten days has been counteracted by the increased responsibilities of the midwife during the ante-natal period. The sections of the new rules, which would also affect the General Practitioners, were brought to the notice of the Executive Council, and I am pleased to report that there continues to be a very close liaison between the General Practitioners and our Midwives.

Ante-Natal Clinics

Two further Midwife/Health Visitor Clinics have opened during the year, bringing the present total to 30. The mothers, and indeed in some areas the fathers too, show marked appreciation of these classes of instruction. In some areas sessions cannot be increased because of the other heavy commitments of the District Midwives and Health Visitors concerned. During this year 2,113 women made a total of 8,688 attendances.

Family Planning

The arrangements for the advice of married women on family spacing have continued unchanged. Lack of public transport does, from time to time, prevent women, some of whom have several young children, from attending an advisory centre. It is interesting to read that the Launceston clinic has arranged for occasional transport for certain cases by means of a voluntary car service.

Under D.C.C. arrangements 181 new cases and 900 continuation cases have been seen.

Care of Unmarried Mothers and their Children

The total number of illegitimate births shows a marked increase of almost 22% over last year. In a considerable proportion of these cases the parents, although unmarried, are living in a steady relationship, and the children are not in need of additional social care or supervision. The remainder tend to constitute more of a social problem, and many mothers are helped and advised by the Workers of the Exeter Diocesan Council for Moral Welfare. The County Council make a grant for this purpose each year.

The Exeter Diocesan Council for Moral Welfare dealt with 307 cases of which 91 were referred to them by the County Council. Of this latter number, 19 were under 17 years of age. These figures are a matter of considerable concern and it is evident that this country-wide social problem has not left Devon untouched.

During the year 16 cases were admitted to the 5 beds reserved at St. Nicholas House for Devon cases and 17 were admitted to other Homes.

INFANT WELFARE SERVICES

Births

In the County 7,181 live births were notified (as adjusted for transfers in and out).

Domiciliary	2,624
Institutional	4,557
Total	7,181

Premature Births

Premature live births totalled 401, and of these 343 survived the first month of life. The survival rate of these babies continues in general to improve. The special care lavished on them, both in hospital and by Midwives at home, and later by the Health Visitors, is thoroughly worth while, and indeed the great majority seem to have caught up with the full-term babies by the end of the first year of life.

Table III shows the birth weight, place of birth, and the number of premature babies surviving in each group at the end of 28 days.

Stillbirths

141 stillbirths were notified in the county during the year (as adjusted for transfers in and out).

Domiciliary	24	including	16	premature	stillbirths
Institutional	117	,,	62	,,	,,
Total	141	,,	78	,,	,,

These figures show the great importance of measures to lessen the incidence of premature labour. Maternal health is not only a matter of good medical and midwifery care, but also of good ante-natal health teaching reaching all the women concerned sufficiently early in pregnancy to have effect. A proportion of the losses are, of course, unavoidable, in that they are associated with abnormalities of the child and of the pregnancy.

Mortality Rates	*England and Wales*	*Devon*
Still births (per 1,000 live and stillbirths)	19.7	19.04
Perinatal (per 1,000 live and stillbirths)	34.2 (1959)	31.96
Neonatal (per 1,000 live births)	15.8 (1959)	14.28
Infant Mortality (per 1,000 live births)	21.7	18.43

Perinatal Loss

1960 saw a small but unwelcome rise in the perinatal loss of child life. It is of importance to note that the increased loss occurs in both the stillbirth rate and also in the first week deaths. The first week deaths numbered 95 and of these no less than 59 were premature births. These figures and those recorded in the Stillbirths section emphasise the importance of avoiding premature delivery of the mother in the interests of the greater saving of child life. The figures for this year are still below those for England and Wales (1959), but having regard to the relatively good general living conditions in this county it is reasonable to hope that future years will show improvement. There is a continued need to intensify Health Education for expectant mothers.

Handicapped Children (under 2 years of age)

On 31st December, 80 children under 2 years of age were on the Handicapped Register, in the following categories:—

Mental Subnormality	30
Hearing defects	1
Epileptics	4
Physical congenital defects and abnormalities	16
Congenital heart defects	16
Spastics	3
Partially sighted	5
Other defects	5

Child Welfare Centres

There were 76 Child Welfare Centres providing services during the year. The total number of children attending (12,377) and the total number of attendances (84,391) made during the year were the highest for the past ten years.

Number of children attending	*Year of Birth*	*Number of attendances made*
3,768	1960	53,299
3,707	1959	15,706
4,902	1955-1958	15,386
12,377		84,391

Many of the Child Welfare Centres receive assistance from voluntary helpers on the clerical and social side, and the presence of these helpers adds greatly to the amenities available and enables the Health Visiting staff to concentrate on other duties.

Distribution of Welfare Foods

During the year the total issues of food from the 278 distribution centres amounted to:—

102,513 Tins of National Dried Milk
23,674 Bottles of Cod Liver Oil
19,084 Packets of A & D Vitamin Tablets
190,515 Bottles of Orange Juice

These figures indicate an increase of 2.69% on the 1959 figures for National Dried Milk, 1.95% for Cod Liver Oil, 5.32% for Vitamin Tablets, but a decrease of 4.91% on Orange Juice.

Once again our thanks are due to the voluntary workers, including members of the Women's Voluntary Service, who undertake the actual work of distribution at a great many centres, to the

officials of other departments of the County Council who act as Area Depot Officers, and to all other Area Depot Officers and distributors.

Nurseries and Child Minders Regulations Act, 1948

Three Daily Minders were registered during the year, for a total of 33 children, and the registration of another Daily Minder was varied to enable her to look after 11 additional children. At the end of the year there were 10 Minders on the register, for a total of 85 children.

There were six Nurseries on the register, for a total of 111 children.

Liaison arrangements

For quite a few years there has been close co-operation between the General Practitioners, Paediatrician and the local authority in the care of young children. Local authority Medical Officers of Health and health visitors are welcome at paediatric rounds and at discussion meetings on particular cases. Where there is any question of unsuitable home circumstances the Paediatrician generally obtains the health visitor's report and considers it before deciding on a discharge date. If an early discharge is possible the mother is supported by visits of either the health visitor or district nurse according to the needs of the patient.

In a rural area follow-up hospital visits are often difficult for the parents, and in these cases the Paediatrician frequently asks the Health Visitor to report on the progress of the child.

Health Visitors and District Nurses also keep in touch with the family practitioner so that the care of the individual child is well co-ordinated.

Problem Families

In this county, as in every other, there are a number of families who for varying reasons present special problems and who are often referred to as Problem Families. Since, however, these families in fact require special supervision it might be better to term them " Special Families."

The Health Visitor has a statutory duty in relation to children, and since in this county she also acts as School Nurse she remains in close contact with the family even prior to the birth of the first baby as she is of course concerned, along with the District Nurse and Doctor, in ante-natal care. She often knows of families who for one reason or another are unable to find adequate housing, these families often moving from one housing area to another without considering the consequences. During the past year, for instance,

one family known to the Department moved in this way from one housing area to another despite the advice of the Health Visitor and the fact that they were shortly to be allocated a house. Since their removal they have got into further difficulties, and they have now been removed from the housing list of the first authority and have not yet been residing long enough in the second authority's area to be eligible for a place on their housing list: other examples of this kind are not hard to find. The Health Visitor will also know of families who have financial difficulties.

It is not uncommon to find the family income largely taken up with Hire Purchase commitments, and these families are often in difficulties with their rent and even payments for the necessary food. Difficulties with finance and housing have a direct connection with both physical and mental health of the members of these families. In homes where these problems exist there is poor feeding and clothing and inadequate childcare resulting in a general picture of children below par.

In many cases the problems these families present are due to lack of intelligence on the part of the parents. In conjunction with the Education Department every effort is now made to ensure the children of these families obtain education most suitable to them. When boys and girls leave special school nowadays plans are made for referral to other departments as necessary and every effort is made to place them in suitable employment and to carry out a certain amount of " follow-up."

During 1960 twenty-seven co-ordinating meetings were held at which problems presented by individual families were fully discussed, and all the departments and agencies concerned in the welfare of the families were able to present their own views and discuss the problems the families presented to them. These case conferences are most useful, as at such a meeting where discussions take place in conference it is possible to build a very good picture of the family and to make plans to help the people concerned. It is particularly important in cases like this that the family should not become confused by continual visiting by large numbers of visitors, and it is possible following a co-ordinating meeting to limit the number of visitors to any particular home.

HEALTH VISITING SERVICE

There have been some changes during the year. The appointment of part-time clerks in certain centres has been much appreciated and has enabled some of the Health Visitors to be relieved of routine clerical work.

The floods created many difficulties, increasing the length of journeys in some cases, while other people were physically involved

in the rescuing and helping of families whose homes were inundated. These people worked long hours without complaint and only recounted what they had done if asked a direct question. Much time was also absorbed in the problems of families afterwards—one old lady of 83 lost all her worldly possessions, including clothing, and had to walk out of her cottage up to her chin in water. Curiously enough she did not even catch cold.

There is now only one of our nine groups without an Adviser. The group system works very well and helps the Health Visitor who may work in isolation in a very rural area to feel that she is a member of a team. The Plymstock and Tavistock groups meet once a month and have discussions on mental health problems with Assistant County Medical Officers, a Psychiatrist and Psychiatric Social Worker from Moorhaven Hospital. It is hoped that it will be possible to arrange for similar meetings in other parts of the county.

The establishment was increased to 60 Health Visitors during the year, but some difficulty was found in recruiting staff. There are, however, four students accepted for training.

There is again an increase in the number of visits paid to the aged in spite of the amount of other work to be covered.

A summary of the work undertaken by the Health Visitors during 1960 is as follows:

Type of Visit	*No. of Visits*
Infants under 1 year	44,692
Children 1—2 years	16,356
Children 2—5 years	30,320
Age Groups 5—15 years	8,911
Age Groups 15—65 years	12,970
Expectant Mothers	3,295
Tuberculosis	2,246
Aged	5,059
Hospital After-Care	321
Home Help Service	1,795
Under Children's Act	1,001
All Others	285
Attendances at Centres, Clinics, etc.	8,880
Households Visited	27,160
" No Access " Visits	13,414
Health Education	
Group Talks to Mothers	339
Talks given in Schools	157
All other Talks	121

HOME NURSING

The year has seen many changes, both in staff and in the type of work undertaken. Vacancies have occurred more frequently than in past years, partly because many of our older nurses have now reached retiring age, and partly because nurses are seeking work abroad, or are transferring to another branch of nursing; this latter having been made easier by the fact that there is now no loss of salary increments when interchanging posts. Recruitment to Queen's Training has been poor and, consequently, many of the vacancies have been of long standing. It is particularly difficult to fill our double districts, and it would appear that friends would rather take single districts where they can have the same off-duty as their friends, rather than live and work together with hardly ever a chance of being off-duty together.

The type of work done has gradually changed over the past twelve years. With the use of modern drugs, the daily nursing of the active sick is much diminished and together with an ageing population, the emphasis is more on the varied chronic conditions both in the aged and younger persons. More and more it is the heavy general case, such as Hemiplegia or Disseminated Sclerosis which is being nursed at home, necessitating much extra nursing equipment such as hoists, and wheel chairs, having to be purchased. Injections, too, play a large part in our care of the patient at home, and by the use of drugs such as Mersalyl and Anahaemin, many people who would previously have become ill and confined to bed are enabled to lead a fairly active life.

With such a change in the type of patient nursed, and the changed treatment of patients, has the time now come to think of changes in nursing personnel? Should we be continuing to strive to get Queen's trained nurses to fill our vacancies, when a well-trained Enrolled Assistant Nurse could do many of the nursing duties very efficiently? Experience shows that the State Enrolled nurse is more likely to remain in a given district than the more highly qualified nurse, mainly because there are not the same opportunities open to her. In the rural areas our nurses must also be midwives in order to run an efficient and economic service, but in the urban areas, where general work and midwifery can be kept apart, there is surely a place for the State Enrolled Assistant Nurse.

There have been periods this year when nursing has been done under difficulties, particularly during the period of thefloods when, in some areas, it was necessary to get to patients by boat, or to make detours by car of many miles. There were no instances where nursing duties had to be curtailed because of the weather, and the nurses in the affected areas are to be congratulated on the way they overcame all difficulties.

December 31st saw two major changes in Torquay. First, the closure of the Part II Midwifery School, due to an insufficient

number of domiciliary confinements for training pupils, became inevitable, and secondly, the closure of Thurlow House as the District Nurses' Home. The staff now employed in Torquay all desire their own accommodation for personal or family reasons. Many other authorities have found themselves in the same position.

The work of the home nurses during the year can be seen from the following table:—

No. of Medical cases nursed	9,499	involving	228,037 visits
No. of Surgical cases nursed	2,791	,,	51,642 ,,
No. of Infectious Diseases cases nursed	19	,,	76 ,,
No. of Tuberculosis cases nursed	74	,,	5,257 ,,
No. of Maternal Complications nursed	324	,,	2,429 ,,
No. of other cases nursed	560	,,	23,525 ,,

The above figures include 7,129 patients over 65 years of age, to whom 189,385 visits were paid; 695 children under 5 years of age, who received 3,412 visits; and 2,089 patients who each received more than 24 visits in the year, the total number of visits to this particular group being 138,281.

Registration of Nursing Homes

During the year two new nursing homes were registered in accordance with Sections 187-194 of the Public Health Act, 1936, and one registration was withdrawn. At the end of the year there were 34 homes on the register, catering for 55 maternity beds and 370 medical convalescent beds, plus one home exempt from registration and providing 21 medical convalescent beds.

The great majority of nursing homes are catering in the main for the aged, and are undoubtedly providing a very useful service, particularly in those parts of the County with a high proportion of older residents.

Nurses' Acts, 1919-45

Two applications for renewal of licences to carry on agencies for the supply of nurses under these Acts were received during the year, and both were approved.

HOME HELP SERVICE

During 1960 the W.V.S. carried out the day to day organisation of the Service in the following areas:

AXMINSTER
BARNSTAPLE (U/R)
BIDEFORD
BOVEY TRACEY
BRIXHAM
CREDITON
DARTMOUTH
DAWLISH
EXMOUTH
HONITON
ILFRACOMBE
IVYBRIDGE
KINGSBRIDGE
NEWTON ABBOT (U/R)
PAIGNTON
PLYMPTON
PLYMSTOCK
SEATON
SIDMOUTH
TAVISTOCK
TEIGNMOUTH
TIVERTON
TORQUAY
TOTNES (U./R.)

The remainder of the County is covered by direct application to the County Medical Officer and referred to the County Home Help Organiser, Health Visitors and District Nurses for supervision.

As at December 31st, 1960, 610 home helps, all part-time, were employed and during the year some 2,514 households received domestic help through this service. Details are set out in the Table below.

	Maternity	*T.B.*	*Chronic sick incl. aged*	*Others*	*Totals*
W.V.S.	164	16	1,583	315	2,078
County	125	4	260	47	436
TOTAL	289	20	1,843	362	2,514

The total number of cases dealt with shows an increase of almost 7.25% over the preceding year. There was a very slight drop in the number of maternity cases, a small increase in T.B. cases, while "others" remained practically the same. With regard to the "chronic sick and aged" group, the actual increase was approximately 12%—some 200 cases.

The daily case load as at December 31st, 1960, was 1,250, of which 1,060 were concerned with the care of the aged—approximately 84%

Many of the households consist of more than one person and in some cases as many as three or four were being helped. It follows that the total number of people receiving assistance is considerably greater than indicated in the above Table.

In the first half of the year under review the decline in the number of maternity cases continued, but this trend was arrested when the assessment charges in such cases were reviewed by the Committee, and after a low level in July the number has increased steadily, and this progress continued at the end of the year.

During the year many cases were referred to the County Medical Officer by the National Assistance Board, and the Officers of the Board have been very helpful, apart from bringing new cases to our attention, in arranging help on a private basis where it was more practicable and economical to do so. The demand for the Service from all quarters has continued to grow, and the rise in the number of old people being assisted has followed the anticipated trend, and in consequence many more Home Helps were enrolled to meet the demand. In general Organisers were able to supply assistance without delay and it is interesting to note that the increased demands were spread more or less evenly throughout the County. This rising demand for domestic assistance for the aged in their own homes must be expected to accelerate as time goes on and continued expansion envisaged for many years to come.

Once again my sincere thanks go to all the W.V.S. Organisers and their colleagues who have managed the day to day working of the Service so well and whose efforts have made possible the steady expansion of the Service.

OCCUPATIONAL THERAPY

There was very little change in the work carried out by the Therapists during 1960. In view of possible reorganisation of the service the proposed class at Bovey Tracey was postponed.

The Newton Abbot class is still working to capacity and it was found that we had to limit the numbers to 16 pupils owing to the smallness of the room. This class now caters for several categories, i.e. physically handicapped, cases of mental ill-health and mental subnormality. The provision of transport has been of enormous help as the Therapists can now devote all their time to training.

The Exmouth class started in April, as the result of an enquiry from a Speech Therapist as she wished some of her cases to be got out of their homes occasionally in order that they would have to make some effort to talk. The class meets on Tuesday afternoons. Eight persons attend. There was a setback during the floods when all the finished articles were inundated.

	1959	1960
Register	400	408
Waiting List	19	4
No. Visits	5,834	7,052
Returned to work full time		9
Returned to work part time		4
Passed to Welfare		2
Refused therapy		3
Sent to Rehabilitation Centre		3
Using Red Cross Library		20
Undertaking Prep. Training Correspondence Courses		4

SPECIAL CLASSES

Case load 31.12.1960	*Newton Abbot*	*Exmouth*
Physical	6	6
Mental Ill-Health	2	1
Mentally Subnormal	6	1
TOTAL	14	8
Half-day attendances	630	168

OCCUPATIONAL THERAPY

	Barnstaple			*Exeter*			*Honiton*			*Torquay*		
	T.B.	*M.H.*	*Others*	*T.B.*	*M.H.*	*Others*	*T.B.*	*M.H.*	*Others*	*T.B.*	*M.H.*	*Others*
Case load at 1.1.1960	25	7	71	29	9	36	42	5	65	38	17	56
Admissions	4	—	17	2	9	22	6	1	30	3	5	13
TOTAL	29	7	88	31	18	58	48	6	95	41	22	69
Deceased	2	—	6	7	2	8	7	—	16	—	3	10
Left area	—	—	2	1	—	—	1	1	4	—	—	—
Signed off	—	—	9	2	—	—	1	—	7	2	—	1
Passed to Welfare D.O.A.	—	—	2	—	—	—	—	—	—	—	—	—
Returned to Hospital	—	—	—	—	2	1	—	—	—	1	—	2
Refused therapy	—	—	—	—	—	—	—	—	—	—	—	3
Case load at 31.12.1960	27	7	69	21	14	49	39	5	68	38	19	53
No. of Visits	243	115	1491	240	145	1091	706	104	1809	419	224	858

CHIROPODY SERVICE

The Minister of Health has approved the County Council's proposals to provide a chiropody service under Section 28 of the National Health Service Act, 1946. As a beginning, grants at the rate of £10 per thousand total population served, have been offered to voluntary bodies who are at present operating a chiropody scheme and who are prepared to operate the County Council scheme. This requires the voluntary body to provide a chiropody service for all old people, handicapped persons and any expectant mothers, who live in the area and require such treatment. The voluntary body must undertake to use the services only of Chiropodists on the current National Register of Medical Auxiliaries or who are otherwise approved by the County Council. They must also keep a statement of income and expenditure for the scheme, and a record of cases treated.

For the financial year ending 31st March, 1961, grants have been made to the British Red Cross Society for sixteen centres, and to six other voluntary bodies.

Approval has been given to the appointment of a full-time chiropodist to the staff of the County Council, as there are large areas of the County not covered by any voluntary association. It is hoped that the County Council chiropodist will be appointed towards the end of the financial year 1960-61 and initiate a service at Honiton, Exmouth, Tiverton, Crediton and Newton Abbot.

MENTAL HEALTH SERVICES

The Minister has asked for a general account of the progress made in the development of services since the issue of Circular 9/59, which anticipated the coming into force of the new Mental Health Act this year.

The new Act may be said to symbolise changing attitudes to and methods of treatment for the mentally disordered, and a growing realisation that the full health and happiness of the individual is best served by helping him maintain his place where he belongs—amongst his relatives and friends in the community. Its success depends above all on the knowledge of the average citizen about the possibilities for further treatment and recovery from mental disorder and their capacity to accept the mentally disordered person as a neighbour and friend within his own social setting. Treatment as an in-patient will still be necessary in many cases, indeed the emphasis will be to admit those patients requiring hospital care at an early stage when recovery can be achieved relatively quickly and the patient returned home. In future patients must not become " long stay " patients and spend the rest of their lives in hospital solely because they have nowhere suitable to live or to work outside.

Secondly the " new look " assumes that the mentally disordered patient will be helped by the same services as those provided for the physically ill, and that no special " label " will be attached to them. One important example is that the majority of patients requiring hospital treatment will be admitted as informally as if suffering from a physical ailment, and will be equally free to leave as from any general hospital. The few patients who require hospitalisation but will not accept treatment voluntarily, will in future be " detained " on the recommendation of two doctors, and there will not be the stigma of a semi-judicial committal which attached to the old method of certification. Other examples will be given later.

To these two main principles set out in the Royal Commission's Report we have added a third equally important one of our own— " if prevention is possible it is even better than community care."

The Subnormal

The Council decided to give first priority to the development of services for subnormal children, and to provide adequate training facilities for all subnormal children in the County. Although three Occupation Centres (as they were then called) have been in existence for many years, these have only catered for about one-third of the known subnormal children in the County. The remaining two-thirds were either living too far away to attend these day centres or the parents were unwilling to send them because the accommodation was substandard or for other less satisfactory reasons. The County Council agreed in principle that wherever possible the children would attend centres daily, although where this was not practicable residential accommodation would be provided either in hostels where the children sleep during the week but return home each weekend, or at residential centres where the children would go home only for the main school holidays.

The purpose-built Centre at " Mayfield " has shown that these new Centres give great encouragement to both the parents and the teachers, whilst the handicapped child responds extremely well to the bright, cheerful environment: a great contrast to the improvisation that we have had in the past.

To implement this policy the newly-built Mayfield Centre at Paignton has been enlarged by the addition of two further classrooms, which will be taken into use early in 1961; we shall then be providing for every subnormal child in the Torbay area. At Barnstaple and Plymstock existing centres are to be re-built, the North Devon centre to provide for sixty children instead of thirty as at present, and the Plymstock one for forty-five instead of thirty. In association with each will be a weekly hostel, since in these districts children will be drawn from a wider area. These hostels

will be separated from the centre itself to ensure that the weekly boarders go " home " each night in the same way as the day pupils; in each case these will provide for about a third of the children. The children living in East Devon and in the central area of the County are so scattered that it has not been possible to provide a nucleus of day pupils in any one town, and a decision was made to take over Oaklands Park, Dawlish, as a residential centre. This will be taken into use in January, 1961 for 25-30 children, but when additional classroom accommodation has been provided we shall be able to cater for up to 40 boarders and 4 or 5 day pupils from the immediate vicinity.

Although the Mental Health Act embodies the suggestion of the Royal Commission that the old mental defective should henceforth be termed " subnormal," we are not convinced that the new term is substantially for the better and prefer to think of them as mentally handicapped. In line with the idea of the Royal Commission that provision for physically and mentally handicapped should, wherever possible, be made along similar lines, we are thinking of the Junior Training Centres rather as " schools for children with a mental handicap," and likewise prefer to regard the staff as teachers instead of supervisors.

In view of the special needs of these children a ratio of 1 teacher to each 12 children has been accepted, and in addition a Nursery Assistant will be appointed to each day centre next year.

The Council has also decided to sponsor students for the training courses for teachers of the mentally handicapped arranged by the National Association for Mental Health, and it is planned that within a few years those of the existing teaching staff who are not trained teachers or who do not possess this diploma will have had the opportunity of going away for training. Ultimately it is planned that new recruits should be obtained largely from young girls who first serve as Nursery Assistants, and thus gain some practical experience before going away for training.

Finally, to emphasise that these children are just one other group of handicapped children, alongside the blind, deaf, physically handicapped and educationally subnormal, we have transferred within the department the administration of the Junior Training Centres from the Mental Health to the Child Health Section alongside the School Health Service.

For teachers in ordinary schools the basic training course has recently been increased from 2-3 years, whilst for those who are going to teach in E.S.N. schools a further academic year's training is considered desirable by the Ministry of Education. Since mentally subnormal children provide even greater problems than educationally subnormal, one wonders whether a year's training is adequate, and, particularly if long courses are introduced, whether

sufficient recruits will be found if, as at present, we have to depend on limited numbers training privately and being sponsored by individual authorities.

The Adult Sub-normal

When the subnormal child has finished his " schooling " what of his future? Many can find useful employment in simple routine jobs, and we found that of the known adult defectives (as they were then known) under supervision of our social workers last year, over half were so occupied. Many however cannot hold down jobs in open industry, yet they have the same fundamental right to work as other citizens. What chances have they?

In the Torquay area the Torbay Society for Mentally Handicapped Children has been running for some years an extremely successful adult centre, despite the handicaps of limited accommodation. In view of the excellent pioneer work, the County Concil decided to support " Mencap " and purchased a site at Hollacombe, Paignton, for a new centre. The Society planned to build the first stage of this from funds raised by a public appeal, and the County Council promised to provide a loan to cover any balance and the addition of a second stage to the building. By the end of the year, however, it was unfortunately becoming apparent that the proceeds of the appeal would not reach the Society's target, and the County Council subsequently agreed to take over the building of the centre direct, the Society probably providing furniture, equipment and materials out of their appeal funds.

Details relating to the operation of these new workshops have yet to be worked out, but it is hoped to run them as nearly on industrial lines as possible, the emphasis being on the provision of useful jobs for work-people rather than occupation for patients.

Sister Societies have recently been started in South-West Devon and in North Devon. The North Devon Society is extremely interested in the provision of similar facilties in Barnstaple, and plans are in hand to help the Society with the formation of an experimental group initially on two days per week. As soon as the new school premises are available the existing premises at Oakleigh Road will be available to turn into an adult workshop.

For those adults not capable of open employment and not within reach of the Torbay and North Devon workshops, progress is being made in the provision of groups meeting at various centres once a week. The groups at Exeter, Sidmouth and Tiverton continue to flourish, and those at Bideford, Holsworthy and Tavistock have been extended to whole day sessions.

As adequate provision becomes available for all children, the Home Teachers are being freed to develop these adult groups and also for visiting in their own homes those not able even to reach one of the centres. Steps are also being taken to link more closely the

Home Teaching Service with the Occupational Therapy Service (which provides for certain mentally ill, T.B. and physically disabled patients), and eventually to co-ordinate this work with that carried out in workshops.

Social Clubs

About 30 men and women meet regularly on Wednesday afternoons at the Torquay Leisure Club, where a second assistant has been appointed.

The Torbay Society for the Mentally Handicapped has opened a similar Club to provide social activities for the adults in the evenings —a great boon to handicapped persons who live alone or in lodgings, and find it difficult to share in the usual social and recreational facilities of a town. There is undoubtedly a need for similar therapeutic social clubs for certain mentally ill patients, and we hope to make a start with these next year with the co-operation of the psychiatrists concerned.

The Devon and Exeter Association for Mental Health continues to run a small group for subnormal girls and women in Barnstaple one afternoon a week.

Residential Accommodation

Hostels for children of school age have already been mentioned as part of " educational " provision. So far as permanent residential provision is concerned the Council decided to give priority to the needs of the elderly, since numerically this was the greatest problem and it is clearly accepted that in future all possible must be done to prevent the admission to hospital of those who do not require skilled medical or nursing care. For those who cannot, even with support, continue to live independent lives, the County Council has agreed to build hostels, the first two of which will be started in Totnes and Honiton during the year 1961/62. A joint Health and Welfare Committee has agreed that to ensure these are regarded primarily as old people's homes (rather than as hostels for the *mentally* disordered elderly), the day-to-day administration will be entrusted to the Welfare Department.

For many years Exminster Hospital has boarded out a dozen long stay patients, mainly elderly, in a private home in North Devon, but these powers lapsed with the new legislation. The County Council agreed to accept responsibility for their welfare, and again to emphasise the " elderly " rather than the " mental " it was agreed that they should be " boarded out " with necessary assistance from the Welfare Department, and the usual financial help from the National Assistance Board.

There is no doubt that some provision is also needed for other groups, especially those subnormals without parents or relatives and the single middle-aged person suffering from a long-term

disabling illness. The exact needs are not yet clear, however, and this is something which calls for detailed field research and assessment. The sort of study being undertaken by Political and Economic Planning in several areas should yield invaluable information. In the meantime we are adopting a somewhat cautious approach, since hostels at their best might be said to be providing semi-institutional care. The Social Workers in Mental Health have already had considerable success in boarding out individual patients in guest houses, private homes and so on, and, especially since this is true community care, we shall do all possible to expand this system before embarking on other hostel projects.

Prevention

From the beginning we have regarded development of our preventive services as being the most important aspect. To keep people in their own homes, to prevent unnecessary hospital admissions, and most important to prevent where possible mental disorder ever arising, must be our aim. In advance of new legislation the establishment of Social Workers in Mental Health (we use the term instead of Mental Welfare Officer to emphasize the " Social " rather than the " Mental ") was increased from 10 to 13, is now 15 and within the next year will be further increased to 18. Most of our original staff are qualified by experience in terms of the Younghusband Report. For the newer recruits we are in the main appointing those with a Social Science qualification or mental nurses' training, and eventually there should also be available those who have taken the new National Certificate in Social Work. All Social Workers are in turn spending a period of four weeks' residence in one or other Mental Hospitals in the County, and subsequently a period of a fortnight at the Royal Western Counties Institution. The Social Workers attend certain of the lectures for student nurses, partake in discussion groups, case conferences and ward rounds, all of which prove of immense value. It is hoped that we can soon welcome certain hospital staff on return visits, as we believe that they would benefit equally from such experience.

The Social Workers work closely with the General Practitioner in all cases, and with the hospital staff where patients are admitted to hospital, or in some instances seen as out-patients. We acknowledge very gladly our cordial relationship with the General Practitioners and the staffs of all the hospitals in Devon, more particularly those at Exminster, Digby-Wonford, Moorhaven and the Royal Western Counties Hospitals.

Health Visitors and Medical Officers have for many years been undertaking what is, in fact, preventive mental health work during their home visits and at Child Welfare Centres and at school medical inspections. To enable Health Visitors to devote more time to this vital work it has been agreed that the rate of increase in establishment should be 6 per annum, bringing numbers up to 70 by 1962.

Health Visitors are now testing the urine of every baby at about 6 weeks of age to detect a condition known as " phenylketonuria." If untreated, this condition rapidly leads to mental deterioration, but it is believed that with adequate dietary treatment, the child may grow up mentally normal. This is the first step at " true " prevention of subnormality, although it is not likely make a major contribution by itself owing to the rarity of the disease. For a real change in the picture we need further research into Mongolism. It is now known that this is caused by a chromosome abnormality: until we know why this abnormality occurs, there is no chance of preventing it.

The re-orientation of our system of school medical inspections (see page 48) has come about because the problems met with today are on the emotional side rather than the physical. We are convinced that the key to the prevention of certain types of mental disorder lies in the teaching of mental hygiene in schools: in other types research is a prerequisite.

Dr. Weeks of Moorhaven Hospital holds a series of discussion groups with members of the Staff in the South-West of the County which have proved extremely valuable and popular and it is hoped to make similar arrangements in other parts of the County, when Dr. Johnston joins the Child Guidance service next year. These sessions have helped the Health Visitors, Social Workers and Medical Officers to a deeper understanding of emotional problems, enabling them to deal more effectively with these, to recognise more quickly those needing urgent referral to Child Guidance Clinics and most important of all, to use the knowledge of causation in giving advice which will help to prevent emotional disorder in other families. As a result of these seminars, some Health Visitors have asked to spend periods of a fortnight in residence at the Mental Hospitals rather than be sent away on more conventional refresher courses, and it is hoped to experiment with this scheme next year.

AMBULANCE SERVICE

Statistics

	1959	1960	*Comparison*
Ambulances			
Patients	56,156	59,255	+ 3,099
Mileage	671,476	691,901	+ 20,425
Emergency Calls	6,765	6,916	+ 151
Hospital Car Service			
Patients	92,776	96,970	+ 4,194
Mileage	1,698,775	1,779,766	+ 80,991
Hired Cars			
Patients	4,157	4,482	+ 325
Mileage	14,913	12,233	− 2,680

Demands on the Ambulance Service continue to increase but it is interesting to note from the Report issued by the Society of County Treasurers that the cost of the Ambulance Service in Devon is increasing at a lesser rate than in other Authorities.

Future Developments:

A study has been made of the causes of the continued increase in the demands on the Service. Statistics provided by the Hospitals in the County show that the increase in the work of the Ambulance Service is more or less proportional to the general increase in Hospital work. This increase has been brought about to a certain extent by a small increase in the number of beds. To a much greater extent, however, it is due to more effective use being made of available beds and by the introduction of more out-patient clinics. The more effective use of available beds has been made possible by medical, surgical and pharmaceutical advances, and by increased medical staffing.

Enquiries have also been made of the Hospitals in the County concerning their plans for the next three or four years. It seems likely that their work will continue to increase at more or less the present rate for the period in question, but subsequently the rate of increase will be stepped up if, under the Ministry of Health's expanding capital programme for Hospitals, it becomes possible to finance some of the major schemes afoot.

It has been decided to meet this increased demand by the introduction of radio control rather than by increasing the number of vehicles and staff. A start is being made in the Torbay area in the financial year 1961/62, and the remainder of the County will be covered during the course of the next two or three years.

The Voluntary Organisations:

The Hospital Car Service continues to render invaluable service. Thanks are due to the drivers for the time they devote to this work and to the County Organiser and the Area Transport Officers for the excellent service they perform which enables this County to be one of the few which is still able to delegate the whole of its sitting case work to the Hospital Car Service.

The number of occasions on which volunteer members of St. John and the British Red Cross Society have turned out to man the ambulances has increased by over one thousand to a total of 21,800.

One further new Ambulance Station has been built by St. John. This is at Sidmouth, and was the gift of an anonymous donor.

Air Transport:

There have been three occasions on which patients have been carried by air transport because of the need for urgent treatment when the necessary specialist facilities were not available in Devon. Two of these journeys were to the Radcliffe Infirmary, Oxford, and the other to Guy's Hospital, London.

Civil Defence:

The Ministry of Health have issued a Circular giving details of their plans for the reorganisation of the Ambulance and First Aid Section of the Civil Defence Corps. The basis of the organisation is the war-time expansion of the peace-time Ambulance Service into a column organisation. Each column will consist of one Ambulance Company of 72 ambulances and one First Aid Company of 18 First Aid Parties. Greater emphasis is being placed on the importance of first aid by changing the name from Ambulance and Casualty Collecting Section to Ambulance and First Aid Section. Training to an advanced standard in first aid techniques is also being introduced.

SCHOOL HEALTH SERVICE

During the year 1960 School Medical Officers carried out a total of 24,722 routine medical inspections. This shows that approximately one third of all children in schools had a full medical inspection. Of this number only 157 were found to be in unsatisfactory physical condition, and as previously noted, many of these tend to be over rather than undernourished. The number of children requiring treatment found at these inspections shows a considerable increase over the previous year, and the variety of defects requiring treatment are as shown on Table VII at the end of this report. Despite this increase in the number of children requiring treatment the physical condition of school children continues to be very satisfactory.

In this school year, that is, from September, 1960 to July, 1961, it has been possible to extend the experimental scheme of school medical inspections to a further area, that of Tavistock.

Dr. Budding reports:—

" The new scheme for school medical inspections started in this area in September, 1960. At present I cannot give an adequate report, as the Autumn term was spent largely in explaining the scheme to teachers individually, and then working it into the existing arrangements e.g., some schools had not had their annual inspections and therefore needed several sessions which meant that there was less time available to get around to each school. By May, 1961 it should be working fairly smoothly. So far the general consensus of opinion among the Health Visitors and Head Teachers is that it is a good scheme.

Briefly it is this:—Each child is seen as an *entrant* by the School Medical Officer, at whatever age he and she comes to the school. This is a full examination together with hearing and eye tests. Every three years, i.e., at 8, 11 and 14 years, the parents or School Medical Officer have the opportunity of bringing forward a child for medical examination. So far on one term's work there have been 25% chosen for these latter inspections. This leaves more time available for consultations particularly of psychological problems with parents and teachers (whereas before they were squeezed into five minutes, and there was always a feeling of " rush " in parents' minds), time to really talk to teachers and find out existing problems otherwise not mentioned, visits to each school regularly (e.g. termly instead of perhaps only once a year) and no overlapping appointments, parents and children have no sense of hurry, a peaceful examination and talk to the parent can take place with no queue waiting outside for " next in " order.

There have been difficulties to overcome at first of course, but I am convinced that eventually this is the answer for present day medical inspections, particularly with its emphasis on Mental Health. One of our great problems for the next few years is the adolescent girl and boy. They are maturing earlier physically (e.g. 12 instead of 14 years) but not mentally. This in itself is giving rise to some problems which we must be prepared in some way to face with the education authorities.

Whether this is a problem entirely for parents and not for education and medical authorities, is debatable, but a problem it is certainly becoming for one or other, and it must be faced."

The experimental scheme continues under Dr. Walker's guidance in the Plympton area and appears to be working very satisfactorily despite the rise in the school population during the last few years.

Dr. Walker reports:—

" The following are observations on the scheme being run in Plympton whereby routine examinations, except for a full examination on entry, are being discontinued. It has been in operation for about 18 months, although unfortunately during that period a great deal of time which should have been available for the scheme had to be used for Poliomyelitis inoculations and the scheme has therefore not been carried out in full. I am nevertheless convinced that nothing is lost by cutting out many routine examinations and that there is no difficulty in employing the time saved more profitably.

The annual visit by the School Medical Officer carrying out large numbers of routine examinations gives very little chance of building a useful relationship with parents or teachers. His visits should, I am sure, be at least once a term. This enables him to see new pupils in their first term and to know those who will need special help or observation. This first examination is of enormous importance. On it depends the parent's future attitude to the School Health Service as well as the attitude of the child to the Medical Officer. His visit is not just a thorough physical examination: it is an excellent opportunity to see mother and child together in a situation involving a certain amount of stress for both. There is sometimes an early indication here of a family requiring guidance, but plenty of time must be allowed."

Dr. Walker goes on to make comments on various aspects of the scheme. He notes that examination on entry was one of the key points of the scheme and has proved to be so in practice. He also notes that certain groups of children require special observation. These groups include children from socially inadequate families, this being a particular group in which there may be an un-suspected

physical defect because of parental neglect. Another group requiring special observation are those children who are repeatedly absent from school. These include children who have serious illnesses and are under treatment, and a separate group who are frequently absent from school for the odd day or two. These missed attendances add up to a considerable interference with the child's schooling.

Dr. Walker also notes that special group examinations and examination of special senses are of value, in particular those of sight and hearing, and he feels time is much better used by giving individual help and guidance to these cases.

Dr. Williams reports from Barnstaple:—

" During the year the routine medical examination of children in the schools to which I have been allotted was undertaken and completed. The general standard of health of the children was good; also their personal cleanliness with the exception of a limited few. Clothing and footwear were satisfactory.

One series of visits was made to each School during the year. Ideally, second visits should have been made to check on those with special defects or those who had been noted for further observation. This, however, was not possible—the routine medical examinations taking rather longer than was expected as few medical examinations had been undertaken the previous year—thus an additional number of children had to be seen. A high proportion of the children examined were accompanied by their parents.

Whilst visiting the schools, an inspection was made of the canteens and kitchens, also the conditions of the lavatories and the facilities available for hand-washing noted.

Towards the end of the year Heaf testing and B.C.G. vaccination was recommenced for the 13 year plus children. The response to this service was good."

In keeping with the better physical condition of school children Dr. Green notes in her report that there has been a notable decline in chronic ear conditions presumably because they now receive early treatment. She also notes that most foot defects are already under treatment before a child reaches school age. She goes on to say that much of this good work is undone when the older girls begin to wear " smart " shoes in their teens.

Dr. Hinde reports:—

" I have found this year that the five year old child, on average, is less timid and frightened at its first school medical inspection than I remember in past years and the tearful child is relatively rare and

usually accompanied by an over-protective mother, or more often grandmother. Perhaps this general decline in timidity and tears is due to parent and toddler attendance at Clinics, which I have the impression has increased and also to a certain amount of doctor play-therapy in the infant class prior to my visit, which often does take place.

The clothing standard of the children is generally good, shoes being always the least satisfactory article; the point of criticism so often being their unsuitability for growing feet needing support. The unsuitability of shoes is a thing which becomes more marked in girls as they grow older and it seems very nearly impossible to educate them to sensible footwear. Those children who do start school-life ill-clad seem to remain in this category in spite of all efforts until they are of an age to be able to help themselves a little.

At a Secondary school, where over the past year a uniform has been introduced, I have been interested to see how much tidier and how much more pride the girls in particular have taken in their appearance. The whole environment of this very different new school seems to have made a great change in the children. Their whole demeanour, reliability, interest and school pride has improved and I see no reason why the trend should not continue. In this School the warm showers have been very much appreciated.

The general standard of health has remained good with the common defects as always being valgus ankles and dental caries. However, with a whole-time Dentist in the Tiverton area for part of the last year the teeth have certainly improved. At Secondary School age it is apparent that the children generally become more conscious of the need for clean teeth and are prepared to tolerate dental treatment.

The obese child is by no means uncommon, and parents are much more concerned about the child being spare, when it is normal for its age, than when it is fat. Whilst it is appreciated that it does an adult no good to be fat, some parents are quite unable to transfer this reasoning to the obese child. Advice in such cases is always given, particularly in regard to the reduction of "sweetmeats." In some cases, parents' ideas and mine as to the adequacy of food do not coincide, and I find this is often the answer when mother says "he doesn't eat." Investigation of such cases sometimes shows that in fact the food-intake is often more than adequate.

I should also like to thank all the Health Visitors, School Nurses, Head Teachers and school staffs who have helped to make my work go smoothly and easily, and have always been most co-operative."

Dr. Dunn reports:—

" Some useful work has, I feel, been done in the school clinics and amongst the usual run of minor ailments some successful treatment of warts with nitric acid has been achieved, especially in one place where the condition was particularly rife, and where we had to cope with quite an outbreak of impetigo."

Dr. Wildman reports:—

" The consultation Clinic at Paignton has continued to be most successful. The sessions are held each second and fourth Thursday mornings, every month. Between 9 and 10 a.m. staff and teacher medical examinations are arranged. The period 10 to 11 a.m. is an " open session " during which time local schools send children along, without appointment; then usually between 11 and 12.50 p.m. school children and parents are seen by appointment. Should there happen to be no booked appointments the time available is devoted to domiciliary visits or occasional immunisation sessions."

He also notes that the progressive reduction in the number of sessions which have to be devoted to Poliomyelitis immunisations made it possible to devote more time to school medical inspections and that by the end of the year considerable progress had been achieved.

Dr. Kingdon notes that the school child's general health has improved to such an extent that the School Medical Officer's job is rapidly boiling down to that of a spotter or referrer to specialists.

Dr. MacLeod submitted a special report on an outbreak of Epidemic Conjunctivitis in one of the schools which he attends. This epidemic began in January, 1960 reaching a peak during February with sporadic cases occurring from time to time until the end of the Summer term. After the Summer holidays only two further cases were reported. It was thought that this epidemic may have been due to an adenovirus although culture from various samples proved negative. Dr. Archer included a special feature of the medical examination of entrants to school.

" This is the most important medical examination in the whole of the school career. It is a meeting in some cases of old friends when mother, child and School Medical Officer are already acquainted through the Child Welfare Clinic, but, in many instances, it is the first occasion on which they meet. As such it is vital that it should be a happy introduction to the years that lie ahead. An attitude of mind which regards this occasion as merely a ' defect hunting ' expedition is unlikely to use to the full the opportunity it offers.

The beginning of school life is a time of adjustment for every child and of considerable strain for many. This was illustrated by

the five-year-old from a remote Devon farm who was found by his father sitting with his head in his hands, a picture of weary dejection after his first day at a small village school.

'What's wrong, son?' asked his father.

'Tis that School, Dad,'

'And what's wrong with your School, Son?' the father asked again.

'It's terrible' explained the child, 'kids, kids, kids all over the place.'

It is not always the child who looks forward most eagerly to school that adjusts to the new routine most easily. The experienced School Medical Officer has had an unrivalled opportunity for watching this adaptation being made by hundreds of children from many sorts of family and homes in many different schools. The sum of this experience should build up an ability to help, where necessary, parent, child and teacher with practical advice and a reinforcement of confidence.

Ideally, the first school medical examination offers the opportunity for an assessment of the child's physical and psychological equipment to meet the new demands that school makes upon him. If this can subsequently be compared with the teacher's assessment, a perspective of very great value can be added to our understanding of each child.

It may seem a bold claim that any worthwhile assessment can be made in the brief time allowed to each child, but I believe that the key to this problem is a planned routine of examination comprising a few carefully selected tests which have proved both readily applicable and critical at this age. When the same suitable test material is used time and time again with children in one age group, the individual subnormal or abnormal response stands out against the normal with a clarity that indicates the necessity for further study of that particular child.

My examination has been made in two separate parts since the beginning of 1960. The first part consists of vision tests, hearing and speech tests, and a few simple tests of sensori-motor-co-ordination The children soon regard the tests as 'play' and often they are very reluctant to leave when their tests are finished. The Health Visitor assists at this examination and has available her pre-school records, the C.W.C. attendance records and immunisation cards, along with the form (C.H.2) completed by the parent, giving medical and family history. The second part of the examination is made by appointment with the parent who almost always arranges to attend. The usual physical examination is then made and a discussion with the parent follows.

The points that arise in the discussion are endlessly varied, with some constantly recurring, and the exchange of information with the parent is valuable and interesting to both of us as well as beneficial o th e child."

Personal Hygiene. During 1960 the figures for infestation showed a further slight increase and the total number of individual pupils found on inspection to have infestation showed a marked increase. Despite this the total figure of 558 out of 131,000 inspections remains very low. School Medical Officers also note that in some cases children's personal cleanliness and cleanliness of clothing is not as good as might be expected. Again, with the all-round increase in standards of personal cleanliness and clothing the child who falls below the standard shows up more markedly than before, and it is not a question of deterioration in these particular children but of better standards all-round.

Consultation Scheme. The number of children referred to Consultants with the approval of their family doctor shows little variation on the 1959 figures and bears out the remark made in previous reports on the close liaison existing between the school medical service and the family doctor. The Consultants' Reports are sent direct to the family doctor and a copy is passed to the local school medical officer.

Referrals were made through the central office to the following consultants:—

E.N.T.	111
Orthopaedic	85
Paediatrician	19
Surgeon	17
Ophthalmic	4
Dermatologist	21
Physician	2
Cardiologist	1
Neurologist	2
Plastic Surgeon	1
Fracture	1

Enuresis Alarms. During the year six sets of Enuresis Alarms have been purchased and used by different Medical Officers in varying areas of the county. Since it is necessary for the alarm to be in use for several months before deciding whether it is succeeding the numbers of children who have been able to use these alarms have been very small, but so far in all but one case their use has been a great success, and the Medical Officers who have used them have all been very enthusiastic. One Medical Officer reports on an electric bell alarm which was first loaned to a ten year old boy. This boy was bed wetting five nights out of every seven and no treatment had ever been successful in curing the condition. Within four months

the boy was completely cured and no return has been reported following withdrawal of the alarm. Other cases have been just as successful.

Hearing Assessment Clinic. During 1960 two full-scale Hearing Assessment Clinics were functioning with the attendance of Ear, Nose and Throat Consultant, School Medical Officer, Peripatetic Teacher of the Deaf and Health Visitor.

Dr. Archer reports on the work of the East Devon Hearing Assessment Clinic:—

" This Clinic continues to be a useful sorting-house for children found in school work to need investigation of hearing. It is used also for periodic review of children under treatment with permanent or intermittent hearing difficulties. We have been exceedingly fortunate that Mr. T. Bradbeer has given his time to this Clinic, seeing children with hearing loss there in order to prescribe treatment and to direct our efforts to ensure that proper educational treatment is forthcoming for those children likely to suffer a permanent impairment of hearing. The attendance of Mr. Marshall, Peripatetic Teacher of the Deaf, at these Clinics is extremely valuable.

One rather disturbing feature is the discrepancy between the number of appointments given and the attendances. While most patients obviously value the service offered by the Clinic, there are far too many who neither attend nor notify their inability to keep the appointment in time for others to be given their place. This has resulted in some waste of Clinic time. It is hoped that measures now being introduced will eliminate this wastage."

East Devon Hearing Assessment Clinic.

Sessions held	22		
Appointments given	106		
Attendances made	64		
New Patients	36	—Found to have normal hearing	11
		Minor hearing loss—for observation and review	2
		Hearing Loss—	
		Referred to Mr. T. Bradbeer at R.D. & E. Hospital	5
		Seen by Mr. T. Bradbeer at this Clinic	13
		Referred to Mr. Scott at R.D. & E. Hospital	5
Old patients	28		
During the Year 1960		—New Hearing Aids issued	4
		Hearing Aids already in use	6
		Admitted for removal of adenoids	4
		Admitted for removal of adenoids & tonsils	1
		Subsequent improvement in hearing of these children	4
		No improvement	1

Torbay Hearing Assessment Clinic

Dr. Solomon reports:—

" The second year of the South Devon Hearing Assessment Scheme has been a period of consolidation rather than one of breaking new ground. All incomplete cases referred in 1959 were seen, as were most of those referred in 1960. Compared with the 284 children referred in 1959 when the scheme started, only **93** were referred in 1960.

At the *Preliminary Audiometry Clinic* 40 sessions were held and I examined 203 children. More than 40 children did not keep their appointments. Some of these seen were new cases and some were re-check cases from the previous year and some were seen more than once. In all **167** individual children were seen and as in the previous year, about one-third needed no further action, one-third were referred for a re-check later, and one-third had a hearing defect of sufficient severity to warrant referral to the Joint Hearing Assessment Clinic at Torbay Hospital. This latter Clinic is now well established. During the year 14 sessions were held and **89** individual children were seen (some more than once). Of these, 10 were in need of no further investigation etc., (although 4 had a definite hearing loss). Operative treatment was advised in 35 cases and the provision of a Hearing Aid in **16** cases.

No new case of high frequency deafness was seen during the year.

The earlier a defect of hearing is diagnosed, the greater the use a child can make of the help and aid given and thus overcome speech and behaviour difficulties, or even prevent them. It is unfortunately true that only a small proportion of children attending the Child Welfare Centres are toddlers, and that only a small proportion of these are seen regularly by the Clinic Doctor. Hearing should always be investigated in children who are slow in starting to talk, who have a peculiar type of speech, e.g., high frequency deafness speech, or who are slow to respond in a ' vocalizing situation ' but are not slow in handling toys or other objects. Apparatus and techniques are available for testing the hearing of these children and for observing their reactions."

SECOND YEAR OF S. DEVON HEARING ASSESSMENT SCHEME (1960)

			Referred in	
			1959	1960
(1)	School Population of Area	22,356		
(2)	No. of children referred for investigation of hearing	230	137	93
(3)	Children were referred by:—			
	School M.O.			55
	Health Visitor or Nursing Assistant			27
	E.N.T. Surgeon (Mr. Bradbeer)			7
	G.P.			0
	Speech Therapist			0
	Child Guidance Service			0
	Head Teachers			4
	Audiology Unit (London)			0
(4)	Of the cases referred:—			
	Investigation completed	144	108	36
	Investigation incomplete	49	24	25
	Investigation not yet started	30	0	30
	Investigation refused by parent	2	1	1
	Left school (or area) before investigation completed	5	4	1
		230	137	93
(5)	Children seen at *School Hearing Clinic:*			
	No further action needed	60	48	12
	For re-check	51	35	16
	Referred to Hospital Assessment Clinic	56	35	21
		167	118	49
	No. of sessions 40			
	Total number of examinations 203			
(6)	Following Audiometry at school and known history alone:—			
	No further action needed	15	14	1
	Referred to Hospital Assessment Clinic	11	1	10
		26	15	11

		New Cases	*Total*		
(7)	*Hospital Assessment Clinic:*				
	No further action advised	9	10	8	2
	Advised operative treatment	30	32	23	9
	Advised Hearing Aid (or already issued with one)	11	13	7	6
	Advised operation and Hearing Aid (or already issued with one)	2	3	1	2
	Further observation	18	31	26	5
		70	89	65	24
	Parents refused assessment	—	1	1	—
	No. of sessions 14				
	Total number of examinations 96				

(7*a*) Type of Hearing Loss:

Children referred and seen	64	89
Hearing within normal limits	0	6
Hearing found defective..	64	83

Bilateral:		*H.A. advised*		*H.A. advised*
Flat loss both ears	28	7	33	9
Incline both ears	7	4	8	5
H.F. Both ears ..	0	0	3	3
H.F. and incline ..	0	0	1	1
Incline and flat loss	2	0	5	3
	37	11	50	21

Unilateral:		*H.A. Advised*		*H.A. Advised*
Flat loss (R) ..	13	2	16	3
Flat loss (L) ..	11	0	14	1
Incline loss (R) ..	0	0	0	0
Incline loss (L) ..	3	0	3	0
	27	2	33	4
TOTALS:	64	13	83	25

FLAT LOSS  INCLINE  H.F. 

(8) No new cases of high frequency deafness were seen at the Hospital Assessment Clinic during the year

(9) Total number of cases for investigation or re-check carried forward to 1961 was 199 (of which 120 have been fully investigated).

Mr. Marshall, Peripatetic Teacher of the Deaf, reports:—

" I have sweep-tested 163 children, made audiograms of 22 Health Visitors and 730 children (of these 160 have been re-checks).

Those of the children are analysed in the following way:—

The audiograms have been placed in the groups below, the group to which each graph has been placed has been determined by where 3 or more of the greatest losses occur:—

	Type of Loss	*No.*	
(*a*)	Showing no loss for pure tones	230	
(*b*)	Under 10 d.b. in one ear	49	
(*c*)	Under 10 d.b. in two ears	55	
(*d*)	Under 10 d.b. in one ear, 10-25 in other	53	
(*e*)	Under 10 d.b. in one ear, 25-60 in other	8	
(*f*)	Under 10 d.b. in one ear, over 60 in other	2	
(*g*)	10-25 d.b. in one ear	54	
(*h*)	10-25 d.b. in two ears	136	
(*i*)	10-25 d.b. in one ear, 25-60 in other	27	
(*j*)	10-25 d.b. in one ear, over 60 in other	4	
(*k*)	25-60 d.b. in one ear	24	
(*l*)	25-60 d.b. in two ears	59	
(*m*)	25-60 d.b. in one ear, over 60 in other	7	
(*n*)	Over 60 in one ear	5	
(*o*)	Over 60 in two ears	8	(4 have been admitted to R.W. of E. School for Deaf and 1 waiting).
	Children with some loss	491	

Of these 76 have been issued with hearing aids and 4 with commercials. There are 232 referrals outstanding: of these 74 are for re-check.

In all cases where I have visited the school I have explained to the Head and Class teachers the significance of the audiogram and the particular need of the child at that time. In many cases 1(*a*), (*b*)—(*j*), the hearing has proved variable and in some cases responded to treatment. The fact that referrals have come from so many fields has proved valuable and has helped assessments in other fields (e.g. psychologist, educational, speech therapy, social welfare) and given rise to much useful co-operation. I feel that the fact that I have visited the school as a teacher and have joined in with the staff in the common room has enabled me to learn of a number of children with defective hearing and to advise on their special need."

The work done in the two Hearing Assessment Clinics at present functioning has demonstrated the need for special Clinics of this kind. During the coming year it is hoped that a further such Clinic will be available for children in North Devon, particularly now that the Regional Hospital Board have appointed an Ear, Nose and Throat Specialist in this area. There is a continuing need for follow-up of children attending these Clinics especially by qualified teachers of the deaf, and the establishment of Peripatetic Teachers in the county has been increased to four* although it has not yet been possible to fill the posts available. As with many other technical posts the demand is greater than the supply. During 1960 the County Medical Officer's establishment was increased to include an Audiometrician, but it was not possible to fill this vacancy until February, 1961.

* With 2 teachers for special visits, 1 to be in the Torbay Area.

THE SCHOOL DENTAL SERVICE

Staff

It is usual in compiling an annual report first to note any staff changes that have taken place during the year under review. Naturally and properly, therefore, reference must be made to Mr. Fletcher's resignation which took effect at the end of September. Jeffery Fletcher qualified in 1923. After varied experience in hospital, private practice and local authority appointments, including a spell of nearly three years with Devon C.C., he held senior appointments with Croydon C.B.C. and Gloucestershire C.C. before returning to Devon in 1944 to succeed Mr. J. M. Raymont as Senior Dental Officer to this Authority. Whilst he made an immense contribution to the dental health in this County, it must also be remembered that with his national interests this influence has spread well beyond our boundaries. Although he qualified nearly forty years ago he has never ceased to be a student and it has been his scholarly approach to problems that have beset the Public Dental Service during many recent years that has made his counsel so valuable. The word "retirement" with its suggestion of relaxation, has been deliberately avoided in connection with his leaving this Department. Resignation has allowed him to devote more time to the subject of Preventive Dentistry, particularly the Fluoridation and Health Education aspects of which he is one of the foremost proponents in the country. This and all other authorities will derive benefit from his activities in this field of work during the coming years.

There have been several other staff changes during the year. Mr. W. H. Phillips and Mrs. S. M. Robb of the full-time staff, and Mr. J. A. Pugh and Mr. C. G. Spiridion of the part-time staff, resigned. Appointments made were, full-time Mr. E. R. Trythall and Mr. N. V. C. West; and part-time Mrs. A. M. Strong, Mr. L. J. Bailey, Mr. V. G. Houldsworth, Mr. C. K. Millman, Mr. D. J. O'Gallagher and Mr. A. J. Sutcliffe. In December, Mr. West resigned his full-time appointment at Tiverton and undertook part-time duties at Torquay. A full-time dental officer appointed in November will take up his duties at Barnstaple early in 1961. One officer was on sick leave for nearly six months.

As I have been with this Authority for only the last quarter of the year, this report will be similar in form, feature and comment to those of previous years, together with such recommendations as it seems must be made now.

The approved establishment of Dental Officers is 19 including the Principal School Dental Officer and the Orthodontist. (The Minister of Education recommends a maximum of 3,000 children to each Dental Officer). There are 67,000 children on Roll and the allotment is therefore about 3,900 children to each dental "area."

Some of the Dental Officers have considerably more than this as they have to work outside their own boundaries in the adjacent " area " untenanted because of shortage of staff.

At the end of the year there were 14 full-time staff and 8 part-time staff, the latter working a total of 34 sessions a week, the equivalent of 3 1/11 full-time staff. There was no service at all in the Holsworthy/Okehampton area apart from some relief incursions by Mr. Warren and Miss Shapland from adjoining areas; Barnstaple Urban and Totnes " areas " had a very restricted service and the service in the Tiverton area was lost yet again when Mr. West resigned in December. Whilst the greater part of the County would appear to be covered by the dental scheme, nowhere is there available the comprehensive service envisaged by the Education Act of 1944 and subsequent regulations, and dental officers are frustrated because, owing to the excessive number of children in their charge, it takes them too long to get round their areas to allow them to give the frequency of inspection which is necessary.

Treatment

Since 1944, when Mr. Fletcher was appointed, he has given details of treatment per 100 children and he had this to say in his first report. " It will be interesting to note what changes occur in the teeth when once again some degree of free choice of foodstuffs is available." The table, to which the 1944 figures have been added, shows a steady increase in the amount of treatment necessary, until 1957 when there was a levelling off. Unfortunately, 1960 shows again a sharp increase, the figures under all headings except fillings in permanent teeth being the highest yet recorded. These figures indicate that each child had, on average, rather more than four defects; Admiral Williams, in his report estimates " that each child requires an average of five fillings, plus other treatment." In the report of the Chief Medical Officer to the Board of Education for 1927, the following words occur. " The incidence of grossly defective conditions of the mouth, e.g. children with four or more carious teeth . . . . . " That the figures under discussion were those obtained by Medical Officers' inspections which would naturally reveal less defects than a mirror and probe inspection by a dental officer does not alter the fact that four carious teeth were considered to constitute a grossly defective condition. A recent Survey in Northumberland of nearly 5,000 five-year-old children showed an average of 6.5 teeth decayed, missing or filled, and only 8.9% of children free of caries. Going back now to 1910, the Chief Medical Officer to the Board of Education revealed with surprised dismay " Even at the age of five, caries may be present." Comment on these comparisons seems unnecessary.

TABLE "D"

DETAILS OF DENTAL TREATMENT PER 100 CHILDREN

Type of Treatment	1944	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Fillings:												
In Permanent Teeth	52	95.3	109	130	135	136	144	165	184	161	166	182
(No. of Teeth Filled)		(83)	(94)	(114)	(118)	(117)	(124)	(144)	(162)	(147)	(144)	(158)
In Temporary Teeth	8	11	14	17	16	20	22	22	21	21	27	37
No. of Teeth Filled		(—)	(12)	(14)	(16)	(20)	(20)	(21)	(21)	(21)	(25)	(34)
Extractions:												
Permanent Teeth	13	13.2	14.8	16.1	16.5	18	25	27	27	25	28	33
Temporary Teeth	82	89.4	75.5	80.2	67	79	72	83	77	65	70	71
Other Treatments	42	72	98	100	99	92	103	118	128	126	118	132

The figures shown in statistical table X in their relationship to those of previous years do not call for any particular comment. Compared with 1959 more children were inspected, more found to need treatment, more attendances for treatment were made, and more work was done for a smaller number of patients. About 60% of the children in the county were inspected, of whom 60% were found to need treatment. A considerable number of children do receive regular treatment from other sources but they naturally tend to figure amongst the 40% who were found not to require attention. It can be assumed that 60% of all children in the county, some 40,000, would be in need of treatment and as only 11,600 of them received it under the School Dental Service, it follows that about 28,000 or 70% of those who needed treatment did not get it, either under the school or general dental service. This figure allied to those in the last column of Table " D " will give some indication of the magnitude of the problem facing the undermanned dental services.

Apart from the routine work which accounts for most of the Dental Officers' time, members of staff report several cases, unusual in interest or complexity which have been successfully treated. Perhaps the most interesting is reported by Mr. Vowles. " A case of great interest arose during the year in a girl who presented with toothache. On examination it was noticed that the body of the mandible was somewhat swollen, the lower incisor teeth displaced and there were a number of teeth missing. X-rays showed the presence of two or more dentigerous cysts. The case was referred to Mr. Bramley at Greenbank Hospital who invited me to be present to see the operation. The outcome was the complete removal of the outer plate of the mandible from $\overline{7/7}$ and the removal of three large dentigerous cysts which occupied the space. Good progress has been made since the operation and it is now hard to realise the amount of bone which had to be removed at the time."

Refresher Courses

Miss Shapland, Mr. Derbyshire and Mr. Vowles attended a short course on dental health education arranged by the Dental Group of the Society of the MedicalOfficers of Health at Birmingham in April. All expressed appreciation of the value of the course. Miss Shapland also had leave of absence to attend the International Dental Federation meeting in Dublin and says " It is to me, very stimulating to attend lectures, watch demonstrations, and discuss dental problems . . . . . It is vitally necessary to be interested in all aspects of dentistry if one's brain is to continue to absorb new ideas." The value of attending courses or conferences such as these derives not only from the lectures and demonstrations attended but also from the discussions with colleagues from other authorites living together under the same roof for a while. Remote as we are

here from a teaching hospital, it is not easy to keep informed of new techniques and practice. It is suggested that members of the staff should attend a refresher course or conference every few years, as do the Health Visitors and Midwives. Courses available are unfortunately few but the Annual Conference of the British Dental Association offers a comprehensive programme of lectures, films and practical demonstration of clinical and technical procedures. It might be appropriate here to suggest that when new dental schools are planned, as surely they soon must be, one should be in the South-West as a Department of the University, sited either at Exeter or Plymouth. A close association between teaching school and school dental service benefits both.

Dental Health Education

Owing to the limited number of student places available, the number of dental surgeons qualifying each year is less than the losses by death and retirement. The prospect of any substantial improvement in the general staffing situation is, therefore, remote, and the prospect of coping with the problems of dental disease in its present magnitude by treatment is equally remote. For this reason alone, though obviously there is a much better one, it is essential that the incidence of dental disease be reduced. This can only be brought about by a widespread change in dietetic habits and an improvement in oral hygiene. To do this, the existing apathy must be dispelled and the facts of the situation ought to be startling enough to do this, if properly presented. There has been much more activity in the field of dental health education recently and there is evidence of some effect. Requests by Parent/Teacher Associations, Women's Institutes, Townswomen's Guilds, M. & C.W. Clinics and Heads of Schools, for a speaker on dental health are much more frequent. The increased difficulty in borrowing or hiring films on the subject suggests that this is general. A copy of a letter about school tuck shops from The Society of Medical Officers of Health to the County Councils' Association was circulated to Heads of Schools under cover of the Education Committee's September Circular. It is now known that in some schools, dried fruit and nuts are available and the sale of biscuits has been discontinued. This is an encouraging sign, but is no more than that. It will need a long sustained and boldly conceived educational programme, supported by all the publicity that can be obtained, to effect a change in the general attitude to dental health, involving as it does, eradication of firmly established and pleasant habits, like mid-morning snacks.

This can best be done by people dedicated to and trained in this specific work. Certainly it would be wrong to use dental staff for work other than that which they alone can do. Some Authorities have Health Education Officers and a few have Dental Health Education Officers. Financial provision has been made, and it

is hoped it will be possible, to appoint an oral hygienist whose principal duty will be health education. She will be practising preventive dentistry and it is just as important that she should be equipped for her work as is the dental officer for his. If one can be appointed who holds the Ministry of Health Diploma, she will, during school holidays particularly, be able to do some clinical work restricted to scaling and polishing which, in addition to saving dental officers' time, gives the opportunity for individual tuition.

Clinics

The new clinics at Brixham and Plympton were opened during the year and four dental sessions a week are worked in each. The programme of bringing other clinics up to standard was continued by the addition of air turbine equipment at Newton Abbot and Castle Road, Torquay, clinics, and other items of basic equipment were installed at Paignton, Barton and Tiverton Clinics. Some slight damage to equipment at Exmouth was sustained during the floods there and one of the mobile clinics had a depth of eighteen inches of water inside during the Tiverton floods. The electrical equipment was damaged, and the clinic out of action for some time, as all external panelling had to be opened up in order to dry out the glass wool insulation, the work being done at the Central Repair Depot.

Orthodontics

An increased amount of orthodontic work was done during the year under Mr. Peacock's guidance. The distracting calls on his time by " casuals " and " emergencies " in the Plymstock area will have been reduced by the appointment late in the year, to the clinic there, of two sessional dental officers, Mrs. Strong and Mr. O'Gallagher.

An appreciable part of the treatment given has been by dental officers working independently, or in conjunction with, Mr. Peacock. The number of cases, however, that they are able to take on has of necessity to be limited because of the time consumed by, and particularly in the rural areas, the difficulties of supervision.

To conclude this, my first report, I would like to express my gratitude for the help and welcome given to me by all with whom I have come in contact since taking up my appointment here.

SPECIAL EDUCATION

Special education continues to be required by numbers of children of school age. As in previous years arrangements have been made for the special education of blind and partially sighted children at the Royal Industry for the Blind in Bristol or at the West of England School for the Partially Sighted, Exeter, where thish as been necessary.

During the year two children were newly placed as blind pupils and four children as partially sighted.

Deaf and Partially Deaf children continue to be placed at the Royal West of England School for the Deaf in Exeter. During the year six children were newly placed at this school.

Delicate and Physically Handicapped children. The special school at Steps Cross provides education for day pupils in these categories who live in the Torbay area, some of them coming a considerable distance. It is still hoped that a hostel will eventually be provided at this school. Where boarding school is necessary children have sometimes to be placed in other parts of the country, which is not very desirable in that parents, relatives and friends are unable to visit as frequently as when a child is resident in Devon.

The new physiotherapy room at Steps Cross has been of great value to the school and it has been possible to fill the post of Physiotherapist temporarily throughout the year.

Educationally Sub-normal children. Demands for places in special schools for the educationally sub-normal continue to be greater than the number of places available. It is especially difficult to place children who are on the border line between ordinary school and special school, and on the border line between special school and Junior Training Centres. During the coming years further provision is to be made for these children in other areas of the county, and in the meantime careful selection of children results in the number of places available being filled.

Maladjusted children. These children can reside in special hostels from which they attend ordinary school, there being two such hostels available in this county, one for girls and junior boys, and one for senior boys. Where necessary children are also placed in special schools as boarders. It is understood that further provision is to be made in the near future in the south-western region.

A problem which has arisen during the year is that it is difficult to place a grammar school girl at a special school for the maladjusted. There appears to be provision for grammar school boys but not for grammar school girls.

Oaklands Park. During 1960 Oaklands Park continued to be used as a convalescent home for children from all over the county. Over past years there has been a continual drop in the numbers of children requiring convalescence although a small number continue to need such treatment. During the year the Health Committee decided that a smaller Home would now fill the need and accordingly Basildon was acquired from the Children's Department, and Oaklands Park will be taken over as a residential Junior Training Centre. It had

originally been hoped to make a transfer by September, 1960, but it was not possible to arrange the necessary modifications and Oaklands Park closed for the reception of convalescent children in December, 1960, and will re-open in January as a residential Junior Training Centre. The number of children attending Oaklands Park during the year was 71. Basildon in Exmouth will open in January, 1961, for the reception of twelve to fifteen children requiring convalescent treatment.

SPEECH THERAPY

During 1960 one of the part-time Speech Therapists, Mrs. Peel, resigned and some reorganisation of the speech therapy work had to be undertaken until a new Speech Therapist could be appointed. Miss Fisher joined us in November and at the end of the year three full-time and two part-time Therapists covered most of the county except North Devon. It is hoped that during 1961 a further full-time Speech Therapist will be available in North Devon. This will enable a further reorganisation of Clinics to be made covering the following areas:—

East Devon
North Devon
Central Devon
Torbay area, and,
South-west Devon
Tavistock area

the last two areas being covered by part-time Speech Therapists.

It has been possible to include a certain amount of Hospital sessions and to undertake therapy for a few adult cases.

SCHOOL OPHTHALMIC SERVICE

During 1960 some slight reorganisation of the areas covered by the Ophthalmic Specialists working in the School Ophthalmic Service was undertaken in order that the new Specialist appointed in Plymouth might be able to carry out two whole days, i.e. four sessions per week, in the county. Until this post was filled on the 1st November, 1960, Dr. Foxwell very kindly continued to cover the Holsworthy and Bideford areas, while Dr. McCormick covered the Torbay area and Dr. Chaturvedi East Devon and Barnstaple. Unfortunately the Specialist appointed in Plymouth was only able to remain for three months. It is hoped that this vacancy will be filled during the coming year.

Dr. Chaturvedi reports:—

"My introduction to the School Ophthalmic Service in Devon brought the realisation that this was not merely a matter of

examining the eyes of a number of children attending a suitably appointed eye clinic and prescribing treatment where necessary. It involved visiting over 200 schools every year and carrying out the examinations in whatever accommodation was available, together with the fitting of the frames. Dr. Foxwell, with great generosity, offered to act as guide through the complicated maze of the organisation and help with the many problems that arose. It is with great pleasure that I take this opportunity of expressing my thanks and gratitude for her help and guidance.

My earliest impression was the remarkable way she had dealt with the problem of providing ophthalmic care and treatment for the school children to the level required by modern standards in this thinly populated rural county with attendant transport difficulties.

The accommodation in the schools was a big problem. The teachers were most helpful though they had little to spare.

Finally, I must mention the provision by which, under the National Health Service, the eye examination and treatment of a school child can be arranged in three different ways: the Supplementary Ophthalmic Service and Eye Hospital besides the School Ophthalmic Service. This sometimes leads to confusion and inadequate follow-up."

Dr. McCormick's report mentioned that several new Clinics were opened in his area. This provided greatly improved facilities for the examination and refraction of children, a point that both he and the parents welcome after the improvised conditions under which examinations had been undertaken in the past.

CHILD GUIDANCE

During 1959, as was reported last year, the School Health Sub-Committee gave most careful and detailed consideration to the recommendations of the Underwood Committee. It was then agreed that the ratio of 1 to 2 to 3 as between Psychiatrist, Educational Psychologists and Psychiatric Social Workers, which had already been accepted in 1956, should continue, with the immediate aim of $1\frac{1}{2}$ teams and a goal of 2 full teams eventually.

During 1960 the County Psychiatrist, Dr. Hinds, retired and as a result five psychiatric sessions a week were lost to the Child Guidance Service. Despite representations to the Regional Hospital Board it has not been possible for them to supply the equivalent time, although four sessions were made available at Torquay by Dr. Sime from the Royal Western Counties Institution. The lack of Psychiatric Social Workers also contributed to difficulties in the Service during 1960. It was possible for Dr. Gaussen, the Director of the East Devon Child Guidance Clinic, to rearrange someof his sessions at this Clinic and those he devoted to work with the Exeter

City Child Guidance Clinic, to enable him to have two sessions a fortnight in North Devon. It was thus possible to keep the North Devon Clinic open, but only to treat the most urgent cases. No Psychiatric Social Worker was available at this Clinic during the year.

Despite difficulties the number of children treated at Child Guidance Clinics over the year showed only a slight decline from 1959: this results from the enormous amount of work undertaken by the staff available.

In the meantime, as a result of the agreement, a further post for an Educational Psychologist was established during the year and filled in September, 1960. This post covers the south-west region of the county. By agreement children requiring child guidance in this area attend the Clinic in Plymouth, and following Mr. Hansel's appointment it was agreed with the authorities in Plymouth that he should attend the Plymouth Child Guidance Clinic to deal with county cases. This has proved a very useful innovation and has enabled county cases attending the Clinic to have the full range of tests, and home visiting can now be undertaken.

During 1961 the position with regard to psychiatric help in the Child Guidance Clinics has already improved with the appointment of a further Psychiatrist at the Royal Western Counties Institution who will devote part of his time to work in the Child Guidance Clinics. It is hoped that this appointment will not be used merely to cover the sessions lost on Dr. Hinds' retirement, as when originally planned these sessions were additional to those available when Dr. Hinds was working in the county.

The Clinic which suffered most during the year was undoubtedly that in North Devon, and much gratitude must be expressed to Mr. Birch, the Educational Psychologist, who did a great deal during the year to keep this Clinic running. Mr. Birch left the county at the end of the year on promotion to a senior post: the department feels his loss very considerably.

Following suggestions made by the Ministry of Health in Circular 359, local area meetings have started in the south-west Devon area attended by the three local Assistant County Medical Officers, the Health Visitors, the local Child Psychiatrist and Psychiatric Social Workers: it is hoped also that the Educational Psychologist will be able to attend. These meetings are held monthly and have been found by all members of the group to be most useful, not only with regard to advising on the emotional development and behaviour difficulties of children attending Child Welfare Centres as was envisaged in the Ministry's circular, but also in dealing with the emotional problems of school children and sometimes even of their parents. It is interesting also to note that the Psychiatrist and Psychiatric Social Worker feel that the meetings

have been of benefit to them in giving them additional insight into the conditions prevailing in local authorities' services such as Child Welfare Centres, schools and other services including those offered to the adult members of the population. It is hoped to establish a similar discussion group in the Exeter area during 1961, and if this is successful to extend to other areas of the county as soon as possible.

Amongst other ideas being explored are suggestions for attachment of Assistant County Medical Officers to the Child Guidance Clinics for a specific period of time in order to develop their insight into the emotional development and the problems which may arise. There has been during the last few years a tendency for younger children to be referred to the Child Guidance Clinics although not in large numbers, which probably shows that more emphasis is now being placed on emotional development and earlier reference is now possible.

Dr. Gaussen writes of the work as follows:—

" The tables of figures on Child Guidance in this Report merit some explanation of what is the function and the aim of the Service. In the ten years that I have worked in the County, many hundreds of its children have talked and played with me, some have been very ill, some very unhappy, some have gone on to become successful men and women, some refused all help.

The term Child Guidance, implies a meeting place where those who are promoting mental health in childhood can pool information from the social, educational and medical spheres, and see to it that steps are taken towards the child's recovery and full development.

It will be realized that " Parent Guidance " might be a truer appellation and that the child is seen and treated as a member of his family, school and society. He does not exist otherwise—as is well shown when a child is cut off or deprived of his growing medium. Child Guidance is part of the School Health Service of a Local Authority because it is the spear-head of prevention in the mental health sphere, as well as instituting treatment where there is ill health. It is in childhood that we see the beginning of mental ill-health, of anti-social conduct and of nervous instability. Childhood is plastic and a time of learning, so that it is in the early years that we must treat, and teach, aright.

What sort of cases are seen at our Clinics? They are surprisingly diverse and the popular idea that we are concerned mainly with young hooligans is quite incorrect. One big group of cases, for instance, is referred because of failure to learn. The causes of this may need a great deal of investigation. Sometimes too much is being expected, but very often there are factors in the child's nature, or his home environment, which are slowing or even halting, his

development. An educational psychologist is a member of the child guidance team and is in close touch with the school from which the child comes. All the children referred to the Clinic are tested by the psychologist and a report goes to the school showing the child's potential ability and also actual achievement.

Then there are the social problems—the children from broken homes, from problem families, from unsuccessful adoptions or from the utmost respectability. The Psychiatric Social Worker in the team visits the family and takes a full history of the child's growth and background, making a good relationship with the parents at the same time, if she can. Facts of the greatest importance emerge from this, relating to the child's heredity, early years, and present day influences. Much of the role of guide, philosopher and friend of the family falls to the P.S.W. who is not only the link with the family but also with many other social agencies in the district.

Lastly, there are the cases of predominently medical interest. They may be referred by Consultants, School Medical Officers, or General Practitioners. But these cases are not seen as just medical problems, but in their context as children who live in a certain family, and go to a particular school. Before a recommendation is made the findings of the team are pooled, and treatment is based thereon. There is a very wide field of research to be covered here into the earliest stages of mental illness, and its signs and symptoms in childhood.

We are always learning, and nowhere is this truer than in the care and bringing-up of children. The mysteries of inheritance and of growth begin to be discerned. Little by little, light is thrown on the true nature of childhood—children are not just small adults. Much remains to be done, but I have no doubt of the coming of the future when mental health will be as prized, and its sources as understood, as physical health is today."

SCHOOL MEALS AND MILK

The Chief Education Officer has provided the following information on the School Meals and Milk Service. The number of kitchens operating at the end of 1960 was 293. This takes into account the closure of Huntsham County Primary school and the provision of new kitchens opened at the following schools:—

Clawton C.P.
Halberton C.P.
Holsworthy C. of E.
Paignton, Hayes Road, C.P.
Tavistock C.P.

In addition there were the kitchens attached to the new schools that were opened during the year at:—

Broadclyst C.S.
Tiverton C.S.
Axminster C.P.
Bickleigh (Tiverton) C. of E.
Hawkchurch Primary
Plymstock, Pomphlett, C.P.
Torquay, Sherwell Valley, C.P. Infants'
Tavistock C. of E.

Comparative statement showing number of children taking Milk and Meals.

Maintained, Primary and Secondary Schools

	September, 1959	*September*, 1960
Total number of schools	445	442
Number on Books	65,281	66,280
Meals		
Number present (day pupils only)	60,916	60,850
Number taking meals for full payment	34,851	36,387
Number taking meals for half payment	1,210	562
Number taking meals free	2,893	3,581
Total number taking meals	38,954	40,530
Percentage present taking meals	63.95%	66.60%
Milk		
Number present (including boarders)	61,206	61,212
Number drinking milk	48,707	47,444
Percentage present taking milk	79.58%	77.50%

Independent Schools

Meals		
Total number of schools supplied by School Meals Service	6	6
Number on Books	586	629
Number present	566	602
Number of meals supplied	132	152
Percentage present taking meals	22.32%	25.24%
Milk		
Total number of schools supplied by Milk-in-Schools Scheme	121	122
Number on Books	10,663	11,053
Number present	10,272	10,667
Number drinking milk	8,747	9,042
Percentage present taking milk	85.15%	84.76%

PHYSICAL EDUCATION

Report of the Physical Education Organisers (by kind permission of the Chief Education Officer).

Primary Schools

General Activity. As we look through school lists we see that in schools where the work can be done under good conditions we are nearly always well satisfied with the standard reached. Some schools with a good hall and playground show extremely good work but only about 10% have their own halls, and many of them are used as classrooms. To reach a high standard training must be carried out throughout the year with the child developing proficiency in natural movements by acquiring mastery of certain skills and applying them to purposeful activity demanding concentration, determination and courage. We feel that teachers have a deeper knowledge of good movement nowadays and certainly a harder task than in the past, when work was taken from an agreed syllabus, and lessons were prepared for them. The teacher now has complete freedom of selection, and the type of work taken will vary with age and ability of the class, weather conditions and the facilities available.

Swimming. 72 primary schools include swimming as a summer activity. Where baths are available children in the top class in a primary school are selected for swimming instruction. Many schools do not teach swimming because of the distance to the baths, and the time needed for travelling.

The highlight of swimming in primary schools has been the building of the first bath. Parents at Kingsbridge worked throughout the winter on this project, and the result is a first-class bath which is a great credit to the school.

Perhaps it would be possible to have a number of small portable baths for use by schools.

A record number of County Swimming Certificates were gained last year:—

Beginners certificate	2,160
Proficiency certificate	392
Star Proficiency certificate	96

Teachers' Course. Through courses we keep contact with most of our teachers. We invite them to selected centres, showing them the best work we can find and any new ideas we have.

Sports Days. Specialised teaching of athletics is not done in primary schools, but most schools have their Sports Days. Many

small schools and some of the bigger schools take part in Area Sports Meetings.

Dancing. It is a pleasure to see many of the primary schools taking Dancing lessons as part of the P.E. programme. In some schools a really high standard of work has been achieved. Both English Folk Dancing and National Dancing are now taught widely throughout the County.

Secondary Schools

Gymnasia. Most of the grammar schools have gymnasia, only five having to use the hall for P.E., though two of the gymnasia are very small. Only 18 of the county secondary schools have gymnasia, and 4 of them have neither hall, nor gymnasium.

Gymnastic Festival. The non-competitive Boys' Gymnastic festival which started last year was repeated this year. The adjudicators were impressed with the general improvement shown in the work, and were pleased to see the continued interest in it.

Athletics. The Devon team in the S.W. Championships won in Bath for the third year in succession. 60 athletes were selected for the National Championships of the E.S.A.A. in Shrewsbury.

Games.

Cricket. We have tried to find out why cricket seems to be losing ground in the secondary schools. It is very noticeable that in many schools it takes second place to athletics. One of the reasons advanced is the more efficient use of time during P.E. and games lessons when athletics is done, and the opportunity of doing it immediately after rain.

Tennis. Tennis is the main game played by the girls in all the grammar schools in the summer term, but in the county secondary schools it is Rounders, as many schools have no facilities for Tennis.

Netball. The Schools' County Netball teams have had a most successful season. Both Senior and Junior teams were unbeaten in all their matches.

Hockey. The Schools' County Hockey team included girls from seven of our grammar schools, and three County Clubs.

Football. Nine schools have formed the Devon Grammar Schools' Football Association. Such a body has long been needed to co-ordinate the game in the schools, and to arrange matches with other counties or touring teams.

Swimming. The notable advance in Swimming this year is the construction of baths at 2 schools. Our aim should be a bath at every secondary school which is not within easy reach of a public bath.

We continue to encourage schools to take the National Swimming and Life Saving Awards, and are pleased to see an increased number doing so, as we regard the county tests as a means to this end.

Schools Sailing Association. There are now nine secondary schools in South Devon, owning 24 boats, which include sailing as an " out-of-school " activity. In addition to these boats members of staff at many schools have dinghies which are used for training on club nights.

STAFF OF THE MEDICAL DEPARTMENT. Appendix I.

County Medical Officer and Principal School Medical Officer.
W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H., B.Sc., L.M.

Deputy County Medical Officer and Deputy Principal School Medical Officer.
D. E. Cullington, M.A., M.B., B.Chir., D.C.H., D.P.H.

Senior Medical Officer for Maternity and Infant Welfare.
F. Gloria Richards, M.R.C.S., L.R.C.P., D.(Obst.) R.C.O.G.

Senior Medical Officer for Child Health.
I. Madeleine Pinkerton, M.B., B.Ch., D.P.H.

Senior Medical Officer for Mental Health—Vacancy

County Psychiatrist
W. Hinds, L.M.S.S.A., M.B., B.S., D.P.M. (retired 31/5/60)

Senior County Dental Officer and Principal School Dental Officer.
J. Fletcher, L.D.S. (retired 30/9/60)
J. Sykes, L.D.S. (from 1/10/60)

County Superintendent of Nursing and Supervisor of Midwives.
Miss L. Reynolds, S.R.N., S.C.M., H.V.C.

Superintendent Health Visitor.
Miss E. L. Hunter, S.R.N., C.M.B. (Pt.I.), H.V.C.

County Health Inspector: M. S. Powling, C.R.S.I., M.S.I.A.

Chief Clerk: H. T. Baldwyn.

County Ambulance Officer: R. P. Selley, D.P.A.

Home Help Organiser: G. P. Brooks, D.P.A., D.S.A.

Senior Social Worker in Mental Health: L. H. Jenkins, D.S.S., M.H. Cert.

Senior Occupational Therapist, Miss M. M. Keily, M.A.O.T.

Assistant County Medical Officers/School Medical Officers.

L. G. Anderson, M.D., Ch.B., D.P.H.
H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H.
F. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.I.H.
R. C. MacLeod, M.D., D.P.H., D.T.M.&H.
D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H.
R. B. Walker, M.R.C.S., L.R.C.P., D.P.H.
J. H. Wildman, M.R.C.S., L.R.C.P., D.P.H.
E. Williams, M.R.C.S., L.R.C.P., D.P.H.

(Mixed Appointments)

D. J. W. Anderson, M.B., B.Ch., D.P.H. (from 1/7/60)
N. E. R. Archer, M.A., D.M., B.Ch., D.P.H.
M. E. Budding, B.Sc., M.B., B.Ch., D.P.H.
T. J. Davidson, M.B., Ch.B., D.P.H., D.T.M.&H. (retired 1/4/60)
W. E. Denbow, B.Sc., M.R.C.S., L.R.C.P., D.P.H.
M. J. Dunn, M.B., Ch.B.
D. M. Green, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
J. M. Hinde, M.A., B.M., B.Ch., D.R.C.O.G.
J. S. Rogers, L.R.C.P., M.R.C.S. (retired 9/5/60)
L. Solomon, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H.
M. C. H. Kingdon, M.B.E., M.A., M.B., B.Ch., M.R.C.S., L.R.C.P. (part-time).
J. M. MacTaggart, M.B., Ch.B., D.P.H. (part-time).

School Ophthalmic Surgeons.

(*on staff of the Regional Hospital Board*)

M. L. Foxwell, M.R.C.S., L.R.C.P., D.P.H., D.C.H. (resigned)
R. C. Chaturvedi, M.B., B.S., D.O.
A. J. A. McCormick, M.B., Ch.B., F.R.C.S., D.O.M.S.
G. Vine Cole, M.C., M.R.C.S., L.R.C.P., D.O. (from 1/11/60)

Chest Physicians.

G. E. Adkins, M.B., B.Chir. (Cantab.)
W. E. B. Lloyd, M.R.C.S., L.R.C.P., D.P.H.
A. J. McMillan, M.R.C.S., (Eng.), L.R.C.P. (Lond.) (retired 31/3/60).
J. C. Mellor, M.B., B.Ch.

The Chest Physicians are on the staff of the Regional Hospital Board, but a portion of their time is devoted to prevention, care and after-care, which remains the responsibility of the County Health Committee.

Psychiatrists—Child Guidance

H. S. Gaussen, M.R.C.S., L.R.C.P.

County Dental Officers/School Dental Officers.

G. H. S. Clarke, L.D.S.
G. J. Derbyshire, L.D.S.
J. L. Dickson, L.D.S., R.F.P.S.
H. W. Gibbs, L.D.S., R.C.S.
A. S. Peacock, L.D.S., D.D.O. (also part-time Orthodontist).
C. T. Pomeroy, L.D.S., R.C.S.
J. A. Pugh, L.D.S. (to 8/2/60)
S. M. Robb, B.D.S. (to 31/3/60)
B. J. Shapland, L.D.S.
J. E. B. Smith, L.D.S., R.C.S.
J. M. Steer, L.D.S., R.C.S.
E. R. Trythall, L.D.S. (from 1/1/60)
J. K. Vowles, B.D.S.
F. M. Warren, B.D.S., L.D.S., R.C.S.
F. R. P. Williams, C.B.E., B.D.S., F.D.S.
W. H. Shapland, L.D.S., R.C.S. (part-time)
L. J. Bailey, L.D.S. (part-time from 28/11/60)
V. G. Holdsworth, L.D.S., R.C.S. (part-time from 20/10/60)
D. J. I. O'Gallagher, L.D.S., R.C.S. (part-time from 29/11/60).
S. M. Strong, B.D.S. (part-time from 28/11/60)
A. J. Sutcliffe, B.D.S. (part-time from 4/7/60)
M. V. C. West, L.D.S. (full-time 24/3/60 to 15/12/60)
(part-time from 16/12/60)

MEDICAL OFFICERS OF HEALTH

Area	*District Councils*		*Medical Officers of Health*
1	B. Salterton	U.D.	L. G. Anderson, M.D., D.P.H.
	Exmouth	U.D.	
	St. Thomas	R.D.	
2	Ottery St. Mary	U.D.	R. C. MacLeod, M.D., D.P.H., D.T.M. & H.
	Sidmouth	U.D.	
	Honiton	M.B.	
	Seaton	U.D.	
	Axminster	R.D.	
	Honiton	R.D.	
3	Crediton	U.D.	N. F. Sawers, M.B., Ch.B.
	Crediton	R.D.	L. N. Jackson, B.A., D.M.
	Tiverton	M.B.	G. Nicholson, M.D., D.P.H., F.R.C.S.
	Tiverton	R.D.	
4	Barnstaple	M.B.	E. Williams, M.R.C.S., L.R.C.P., D.P.H.
	Barnstaple	R.D.	
	South Molton	M.B.	
	South Molton	R.D.	
	Ilfracombe	U.D.	A. H. Morley, O.B.E., M.B., Ch.B., F.R.C.S., D.P.H.
	Lynton	U.D.	M. P. Nightingale, M.R.C.S., L.R.C.P.
5	Northam	U.D.	C. J. Carey, M.R.C.S., L.R.C.P.
	Bideford	M.B.	
	Gt. Torrington	M.B.	C. F. R. Briggs, M.B., B.S., M.R.C.S., L.R.C.P.
	Holsworthy	U.D.	S. Craddock, M.B., B.S., M.R.C.S., L.R.C.P.
	Bideford	R.D.	N. B. Betts, M.B., B.Chir., F.R.C.S., L.R.C.P.
	Torrington	R.D.	E. H. Walker, M.R.C.S., L.R.C.P., M.B., B.S.
	Holsworthy	R.D.	C. W. Evans, M.R.C.S., L.R.C.P.
6	Okehampton	M.B.	E. D. Allen-Price, M.D., D.P.H.
	Tavistock	U.D.	
	Broadwoodwidger	R.D.	
	Okehampton	R.D.	
	Tavistock	R.D.	
7	Salcombe	U.D.	R. B. Walker, M.R.C.S., L.R.C.P., D.P.H.
	Kingsbridge	U.D.	
	Kingsbridge	R.D.	
	Plympton St. Mary	R.D.	

MEDICAL OFFICERS OF HEALTH—*continued*

Area	*District Councils*		*Medical Officers of Health*
8	Dawlish	U.D.	H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H.
	Newton Abbot	U.D.	
	Teignmouth	U.D.	
	Newton Abbot	R.D.	
9	Torquay	M.B.	D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H.
10	Totnes	M.B.	F. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.,
	Ashburton	U.D.	
	Buckfastleigh	U.D.	
	Totnes	R.D.	
11	Dartmouth	M.B.	J. H. Wildman, M.R.C.S., L.R.C.P., D.P.H.,
	Brixham	U.D.	
	Paignton	U.D.	

TABLE I

MASS RADIOGRAPHY SERVICE

Report on work carried out in the County of Devon during the year ended 31st December, 1960.

	Male	*Female*	*Total*
Number of Devon County Residents examined	16,970	15,209	32,179

INCIDENCE OF DISEASE

A. *Pulmonary tuberculosis*

1. Newly discovered significant cases

		Per thous.
i. Requiring treatment ..	40	1.2
Requiring observation ..	85	2.6
ii. No further action ..	458	
iii. Previously known ..	57	

B. *Other conditions.*

Pneumonia	25	
Bronchiectasis	33	
Bronchitis & emphysema	121	
Asthma	3	
Sarcoidosis	8	
Pneumoconiosis	8	
Chronic pulmonary infection ..	1	
Carcinoma of the bronchus ..	3	
Carcinoma of the larynx	1	(previously known)
Secondaries in the lung	2	
Secondaries in the bony thorax	1	
Thyroid enlargement	24	
Pericarial cyst	3	
Cardio-vascular disease		
Acquired	180	
Congenital	12	
Diaphragmatic abnormality ..	51	
Pleural effusion	1	
Von Recklinghausen's disease ..	1	
Azygos lobe	7	
Pleural thickening	63	
Pulmonary fibrosis	12	
Bony abnormality	131	

AGE AND SEX ANALYSIS OF NEWLY-DISCOVERED CASES OF PULMONARY TUBERCULOSIS REQUIRING TREATMENT

	—15	15—24	25—34	35—44	45—59	60+	Total
Male	—	3	4	1	6	8	22
Female	3	2	4	3	4	2	18
Total	3	5	8	4	10	10	40

TABLE II

CHEST HOSPITALS. DISEASE CLASSIFICATION ON ADMISSION

	Classification	*Hawkmoor*				*Hawley*			
		Males	*Females*	*Children*	*Total*	*Males*	*Females*	*Children*	*Total*
	Non-Tuberculous Thoracic Surgical	221	144	35	400	—	—	—	—
	Medical Non-Tuberculous	265	98	19	382	3	4	—	7
Pulmonary	Class R.A.1.	2	8	4	14	—	1	—	1
	,, R.A.2.	—	1	—	1	—	—	—	—
	,, R.A.3.	—	—	1	1	—	—	—	—
	,, R.B.1.	22	12	4	38	6	—	—	6
	,, R.B.2.	21	6	—	27	12	4	1	17
	,, R.B.3.	27	18	2	47	6	2	—	8
Non-Pulmonary	Class N.R.A.	—	1	1	2	2	3	—	5
	,, N.R.B.	1	2	1	4	—	1	—	1
	TOTAL	559	290	67	916	29	15	1	45

Abbreviations: R.A. —tuberculosis negative (pulmonary)
R.B. —tuberculosis positive (pulmonary)
N.R.A.—tuberculosis negative (non-pulmonary)
N.R.B.—tuberculosis positive (non-pulmonary)
Numbers—stages of disease

TABLE III

The following Table gives the birth weight, place of birth, and the number of premature babies surviving in each group at the end of 28 days.

Weight at Birth	Premature Live Births. Total Notified 401.														Premature Still-Births		
	Born in Hospital			*Born at Home and Nursed entirely at Home*			*Born at Home and transferred to hospital on or before 28th day*			*Born in Nursing Home and nursed entirely there*			*Born in Nursing Home and transferred to hospital on or before 28th day*			Total Notified 78		
	Total	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Born in Hospital*	*Born at Home*	*Born in Nursing Home*
3lb. 4oz. or less	46	27	15	2	2	—	3	—	1	2	1	1	1	—	1	33	7	1
Over 3lb. 4ozs. up to and including 4lb. 6ozs.	64	7	53	4	—	4	9	2	7	—	—	—	—	—	—	12	4	2
Over 4lb. 6oz. up to and including 4lb. 15oz.	84	3	78	4	—	4	5	2	3	1	—	1	—	—	—	7	3	—
Over 4lb. 15oz up to and including 5lb. 8oz.	136	1	135	30	—	30	7	—	7	4	—	4	—	—	—	7	2	—
Totals	330	38	281	40	2	38	24	4	18	7	1	6	1	—	1	59	16	3

TABLE IV

MENTAL SUBNORMALITY

CHILDREN CONSIDERED UNSUITABLE FOR EDUCATION IN SCHOOL

30 mentally subnormal children were notified by the Education Committee under the Education Act, 1944 (Sect. 57) as being unsuitable for education in school. The Health Committee made arrangements for 2 to be admitted to Hospital but 2 are still awaiting admission: 17 are attending Junior Training Centres and 4 will attend when physically fit: 1 is receiving tuition at home: 3 have left the County and 1 has died.

Another 61 children were recommended for community care after leaving school, and are being visited at regular intervals by the Social Workers.

HOME AND GROUP TEACHING

	Pupils	*Lessons*
North Devon Area	31	766
South Devon Area	32	760
East Devon Area	42	1,171
West Devon Area	30	247
	135	2,944

Group Classes are held on one whole day every week at each of the following places:—Bideford, Heavitree, Holsworthy, Sidmouth, Tavistock and Tiverton. There is a considerable economy of time and mileage for the four Home Teachers concerned. Some of these children will soon be pupils in the new Residential Junior Training Centre at Oaklands Park, Dawlish.

COURTENAY (R.W.C.H.) SCHOOL, STARCROSS

With the kind co-operation of the Medical Superintendent, 4 boys and 1 girl attended as day pupils, and transport was arranged by this Department.
In addition, a local boy attended daily at Stoke Lyne, Exmouth.

JUNIOR TRAINING CENTRES

	Pupils	*Half-day Sessions*	*Attendances*
Barnstaple	31	380	8,764
Bude (by arrangement with Cornwall C.C.)	1	380	214
Exeter (by arrangement with Exeter City C.)	7	392	1,978
Ilminster (by arrangement with Somerset C.C.)	1	380	226
Paignton	40	388	6,176
Plympton	14	350	4,402
	94	2,270	21,760

The former Children's Home at Oaklands Park, Dawlish, has been adapted for use as a Residential Junior Training Centre, and arrangements have been made for the accommodation and training of 24 children as from the 9th January, 1961. It is hoped to cater, eventually, for approximately 45 children at this Centre.

An additional classroom and extension to the kitchen is now being erected at Mayfield, Paignton, and plans have been prepared for the premises at Barnstaple and Plympton to be replaced by modern Centres and Hostels.

The Health Committee has appointed a Sub-Committee to be responsible for all Junior Training Centres, and the pupils will be regarded administratively as another group of handicapped children.

ADULT TRAINING CENTRES

The Devon and Exeter Association for Mental Health organises a Women's Club on Friday afternoons at the Congregational School Buildings, Barnstaple. We hope to stimulate more interest in co-operation with local people who have formed a Working Committee to study the needs of the adult mentally handicapped in North Devon.

The Mental Health Act emphasizes the need for community care, and the Health committee are considering the scope for an Adult Training Centre in Barnstaple. At Torquay the Leisure Club fulfils a great need and meets every Wednesday afternoon with an average attendance of 30 men and women. This is essentially a Social Club although some instruction is given in simple handicrafts. As an experiment, a similar Club is now meeting in the Mencap Centre on one evening each week. The Torbay Society for the Mentally Handicapped continues to provide a fairly wide variety of activities, limited only by the premises, for about 30 adult men and women at 23 Abbey Road, Torquay. A grant is made to this voluntary organisation and in co-operation with the County Council a site has been secured for a Work Centre to be erected at Hollacombe, Paignton. We are glad to welcome another voluntary Association which has been formed in South-West Devon, and already it has done much to help the mentally handicapped in that area.

COMMUNITY CARE OF THE MENTALLY HANDICAPPED

During the year 162 patients were placed under community care, but 101 were regarded as having become socially adequate and no longer in need of active supervision. 956 patients remain under care in the community and every effort is made to keep those capable of working in suitable employment. 4,874 visits were made to patients: the frequency of the Social Workers' visits is determined by the need of the individual but all are visited at least once each year.

GUARDIANSHIP

5 patients under Guardianship were in receipt of £10 p.a. clothing allowance from the County Council but under the Mental Health Act, 1959, this became the responsibility of the National Assistance Board from 1st November, 1960.
Of the 6 patients who were medically examined during the year and on whom reports were sent to the Board of Control, 3 were discharged from Guardianship. 13 patients are now under Guardianship in the County.

AWAITING ADMISSION TO HOSPITAL

36 mentally subnormal patients were admitted to hospital, but 77 patients (51 males and 16 females), including 40 who are under sixteen years of age, are still awaiting admission. This is an increase of 13 and indicates the very urgent need for more beds.

MENTALLY SUBNORMAL PATIENTS ADMITTED FOR TEMPORARY HOSPITAL CARE

22 males and 14 females were admitted to hospital for short periods. This respite from their care at home is of great value and is much appreciated by the relatives concerned.

INFORMAL ADMISSION OF THE MENTALLY SUBNORMAL

24 patients were admitted. It is noteworthy that 230 (84 males and 146 females) have been discharged from the Order but remain in hospital " informally."

COMPULSORY ADMISSIONS OF THE MENTALLY SUBNORMAL

12 patients (6 males and 6 females) were admitted to hospital either by the Order of a Court or of a Judicial Authority after the presentation of a petition. The latter procedure was superseded on the 1st November, 1960, by an application for admission supported by two medical recommendations and presented by a relative or Mental Welfare Officer.

TRANSFERS FROM ONE HOSPITAL TO ANOTHER

At the request of relatives, 4 patients were transferred to facilitate visiting. Transfers are arranged whenever possible although it usually means an exchange of patients because of the acute bed situation in all parts of the country.

TRIAL LEAVE OF ABSENCE FROM HOSPITAL

Leave of absence from hospital was granted to a number of patients and 10 males and 13 females were still on leave at the end of the year. During this period, a patient is under the guidance of a Social Worker and if he maintains a satisfactory standard of social adequacy it is likely that he will be discharged from hospital care.

REPORTS FOR THE VISITING JUSTICES

The visiting Justices reviewed the Orders of 163 patients with the help of a Social Worker's report on the home circumstances, including prospects of employment. The renewal of authority to detain a patient in future will be based on a medical recommendation, although regard will be taken of the home and general social circumstances, but the patient or his relative will have a right of appeal to a Mental Health Review Tribunal.

DISCHARGES FROM HOSPITAL

43 patients were discharged from hospital and are living in the community under the guidance of the Social Workers.

DEATHS

14 subnormal patients, 7 male and 7 female, died from natural causes, including 5 in hospital.

DEVON COUNTY MENTALLY SUBNORMAL PERSONS AT PRESENT IN HOSPITALS

Hospitals	*MALES*		*FEMALES*		*TOTAL*
	Under Order	*Informal*	*Under Order*	*Informal*	
Botley's Park Hospital, Chertsey, Surrey	—	1	—	—	1
Calderstone Hospital, Whalley, Lancs.	1	1	—	—	2
Coldeast Hospital, Southampton	—	—	—	1	1
Darenth Park Hospital, Dartford, Kent	—	—	—	1	1
Fountain Hospital Group, London	—	1	—	—	1
Hailsham Hospital Group, Lewes, Sussex	—	1	—	—	1
Hensol Castle Hospital, Pontyclun, Glam.	—	—	—	1	1
Hortham Hospital Group, Almondsbury, Bristol	6	2	1	2	11
Leavesden Hospital, Watford, Herts.	—	—	—	1	1
Laybourne Grange Hospital Group, W. Malling	—	—	—	1	1
Monyhull Hall Hospital, Kings Heath, Birmingham	—	1	—	—	1
Moss Side Special Hospital, Maghull, Liverpool	6	—	3	—	9
Northgate Hospital, Morpeth, Northumberland	—	—	—	1	1
Rampton Special Hospital, Nr. Retford, Notts.	10	—	12	—	22
Royal Earlswood Hospital, Redhill, Surrey	3	—	1	—	4
R.W.C. Hospital Group, Starcross	34	370	24	310	738
Sandhill Park Hospital Group, Bishops Lydeard	12	3	8	1	24
St. George's Hospital, Semington, Wilts.	—	1	—	—	1
St. Lawrence Hospital, Caterham, Surrey	—	1	—	—	1
St. Mary's Home, Alton, Hants.	—	—	2	1	3
Stoke Park Hospital Group, Bristol	22	1	11	—	34
Winestead Hall Hospital, Patrington, Hull	1	1	—	—	2
	95	384	62	320	861

With the exception of those in the Special Hospitals, mentally subnormal patients in hospitals outside the South West are accommodated there at the request of relatives who reside in the neighbourhood of the hospitals concerned.

MENTAL ILLNESS

ADMISSIONS TO PSYCHIATRIC HOSPITALS DURING 1960

Mental Treatment Act, 1930	Sect.	1	Voluntary	23
Mental Treatment Act, 1930	,,	1	Private Voluntary ..	0
Mental Treatment Act, 1930	,,	5	Temporary	0
Mental Treatment Act, 1930	,,	5	Private Temporary ..	0
Lunacy Act, 1890	,,	11	Urgency	0
Lunacy Act, 1890	,,	16	Certified	11
Lunacy Act, 1890	,,	16	Private Certified	0
Lunacy Act, 1890	,,	20	Observation	248
Lunacy Act, 1890	,,	21	Extended Observation ..	6
Mental Health Act, 1959	,,	25	Observation	12
Mental Health Act, 1959	,,	26	Treatment	0
Mental Health Act, 1959	,,	29	Observation (Emergency)	33
Mental Health Act, 1959	Part	V	Court Orders	3
Mental Health Act, 1959			Informal	1,041
			Private Informal	16
			Patients admitted to hospital: TOTAL	1,393

The Social Workers made 2,158 visits in connection with these admissions.

TRANSFERS

6 patients were transferred at their own request to psychiatric hospitals outside Devon.

DEATHS

169 patients (mostly elderly) died in the psychiatric hospitals.

DISCHARGES

1,149 patients left psychiatric hospitals during the year, of whom 867 are at present receiving community care at the request of the hospitals.
The Social Workers made 4,392 visits to discharged patients.

OUT-PATIENT CLINICS

The Hospital Management Committees make arrangements for Clinics at Axminster, Barnstaple, Bideford, Exeter, Newton Abbot, Plymouth and Torquay. Social Workers attend the Clinics often to present a Psychiatric Social History and to discuss with the Psychiatrist the social support likely to benefit a particular patient. The Social Workers encourage patients to attend the Clinics regularly and if desirable they will accompany the patient there.

TABLE V.

REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

	CAUSES OF DISABILITY					
(i) Number of cases registered during the year in respect of which, in Form B.D.8, Section F(1 & 2) recommends:	*Cataract*	*Glaucoma*	*Cataract and Glaucoma*	*Senile Macular Degeneration*	*Others*	*Total registered during year*
BLIND (a) No treatment	16	6	3	18	37	
(b) Treatment or re-examination	16 (see Note A)	6 (see Note B)	9 (see Note C)	5 (See Note D)	22 (see Note E)	
TOTALS	32	12	12	23	59	138
PARTIALLY SIGHTED (a) no treatment	2	—	—	—	2	
(b) Treatment or re-examination	12 (See Note F)	1	2 (see Note G)	6 (See Note H)	21 (See Note I)	
TOTALS	14	1	2	6	23	46
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment:—						
BLIND	8	5	5	2	10	
PARTIALLY SIGHTED	6	1	—	5	14	

NOTES:—A. In two of these cases operations were recommended, but were refused by the blind person. In two other cases the general physical condition prevented operation, and in one case the blind person died before treatment could be given. Three cases are pending.

B. In one case the general physical condition prevented treatment.

C. In two cases the general physical condition prevented treatment, and in two cases treatment was refused.

D. In three cases treatment is pending.

E. In three of these cases treatment recommended was refused. In two other cases the general physical condition prevented operation. Seven cases are pending.

F. In two cases the general physical condition prevented treatment. Four cases are pending.

G. In one case treatment was refused and in the other the partially sighted person died before re-examination was due.

H. In one case treatment was refused.

I. Seven cases are pending.

TABLE VI

SCHOOL MEDICAL INSPECTION

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	*No. of Pupils inspected*	*Physical Condition of Pupils Inspected*			
		Satisfactory		*Unsatisfactory*	
		No.	% of Col. 2	*No.*	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later	103	103	100.0	—	—
1955	3,451	3,431	99.0	20	1.0
1954	2,235	2,227	99.1	8	0.9
1953	727	723	99.4	4	0.6
1952	2,371	2,354	99.3	17	0.7
1951	2,520	2,504	99.4	16	0.6
1950	1,080	1,069	99.0	11	1.0
1949	1,504	1,496	99.5	8	0.5
1948	3,258	3,226	99.0	32	1.0
1947	1,895	1,882	99.3	13	0.7
1946	1,500	1,491	99.4	9	0.6
1945 and earlier	4,078	4,059	99.5	19	0.5
TOTALS	24,722	24,565	99.33	157	0.67

B.—OTHER INSPECTIONS

Number of Special Inspections	264
Number of Re-inspections	5,290
TOTAL ..	5,554

C.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Notes:—Pupils found at Periodic Inspections to require treatment for a defect are not excluded from Table C by reason of the fact that they were already under treatment for that defect. Table C relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (By year of birth) (1)	*For defective vision (excluding squint)* (2)	*For any of the other conditions recorded in Part II* (3)	*Total individual pupils* (4)
1956 and later	1	10	11
1955	28	271	286
1954	34	193	214
1953	11	57	64
1952	37	165	191
1951	51	231	257
1950	22	79	93
1949	27	92	114
1948	104	219	301
1947	54	166	204
1946	41	104	126
1945 and earlier	166	257	385
TOTALS	576	1,844	2,246

Table VII

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1960.

NOTE:—All defects noted at medical inspection as requiring treatment are included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No.	*Defect or Disease*	Periodic Inspections		Special Inspections	
		No. of defects		*No. of defects*	
		Requiring treatment	*Requiring to be kept under observation but not requiring treatment.*	*Requiring treatment*	*Requiring to be kept under observation but not requiring treatment.*
	(1)	(2)	(3)	(4)	(5)
4	Skin	254	447	7	4
5	Eyes—*a.* Vision ..	576	577	14	9
	b. Squint ..	197	209	4	3
	c. Other ..	91	145	—	10
6	Ears—*a.* Hearing ..	106	330	4	6
	b. Otitis Media	48	213	1	3
	c. Other ..	42	61	3	—
7	Nose or Throat ..	310	1,571	4	16
8	Speech	100	372	11	4
9	Lymphatic Glands ..	20	587	1	7
10	Heart	24	236	4	3
11	Lungs	104	408	23	6
12	Developmental—				
	a. Hernia ..	30	51	—	—
	b. Other ..	44	336	3	3
13	Orthopaedic—				
	a. Posture ..	63	392	14	3
	b. Feet ..	160	452	3	6
	c. Other ..	201	632	15	5
14	Nervous system—				
	a. Epilepsy ..	19	43	1	1
	b. Other ..	29	166	3	—
15	Psychological—				
	a. Development	124	335	4	17
	b. Stability ..	124	378	2	11
16	Abdomen	27	55	—	1
17	Other	33	285	—	3

Table VIII

INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	131,006
(ii)	Total number of *individual* pupils found to be infested ..	558
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	49
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	12

TABLE IX

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with *
External and other, excluding errors of refraction and squint	1,080
Errors of refraction (including squint)	8,810
Total ..	9,890
Number of pupils for whom spectacles were prescribed	1,771

*These figures represent those from the three Ophthalmic Surgeons of the County Eye Service on the staff of the S. W. R. H. B.

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated
Received operative treatment	
(*a*) for diseases of the ear	Not Known
(*b*) for adenoids and chronic tonsilitis	—
(*c*) for other nose and throat conditions	—
Received other forms of treatment	—
Total number of pupils in schools who are known to have been provided with hearing aids by the Authority	
(*a*) in 1960	4
(*b*) in previous years	17

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS

Number treated in clinics or out-patient departments	Treatments included with "other treatments" — no separate figures available.

GROUP 4.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table VIII).

	Number of cases treated or under treatment during the year
Ringworm— (i) Scalp	Not known, but 6 treatments done
(ii) Body	„ „ „ 37 „ „
Scabies	„ „ „ 12 „ „
Impetigo	„ „ „ 301 „ „
Other skin diseases	„ „ „ 3,250 „ „
Total	„ „ „ 3,606 „ „

GROUP 5.—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the authority	530

GROUP 6.—SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority	303

GROUP 7.—OTHER TREATMENT GIVEN

(*a*) Number of cases of miscellaneous minor ailments treated by the Authority	Not known, but 7,551 treatments done
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	—
(*c*) Pupils who received B.C.G. vaccination	5,748
(d) Other than (*a*), (*b*) and (*c*) above (specify) Pupils with minor ailments of E.N.T.	135
.....	—
.....	—
.....	—
.....	—
Totals (*a*)—(*d*)	13,434

TABLE X.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers:		
	(*a*) At Periodic Inspections		37,626
	(*b*) At Specials		2,488
		Total (1)	40,014
(2)	Number found to require treatment		24,481
(3)	Number offered treatment		16,856
(4)	Number actually treated		11,613
(5)	Attendances made by pupils for treatment (including 11(*h*) below)		34,678
(6)	Half-days devoted to: Periodic (School) Inspection and Treatment (incl. Orthodontics)		5,667
(7)	Fillings: Permanent Teeth		21,158
	Temporary Teeth		4,303
		Total (7)	25,461
(8)	Number of teeth filled: Permanent Teeth		18,396
	Temporary Teeth		3,907
		Total (8)	22,303
(9)	Extractions: Permanent Teeth		3,674
	Temporary Teeth		8,183
		Total (9)	11,857
(10)	Administration of general anaesthetics for extraction		2,748
(11)	Orthodontics :		
	(*a*) Cases commenced during the year		381
	(*b*) Cases carried forward from previous year		488
	(*c*) Cases completed during the year		244
	(*d*) Cases discontinued during the year		113
	(*e*) Pupils treated with appliances		503
	(*f*) Removable appliances fitted		473
	(*g*) Fixed appliances fitted		5
	(*h*) Total attendances		5,186
(12)	Number of pupils supplied with artificial dentures		98
(13)	Other operations: Permanent Teeth		13,443
	Temporary Teeth		2,567
		Total (13)	16,010

TABLE XI

SPEECH CLINICS

	Discharged during year:	*Under Treatment at end of Year:*	*Awaiting Treatment:*	*Total:*
East Devon:				
(Miss Chapman)	13	19	16	48
(Mrs. Peel)	24	53	56	133
North Devon:				
(Miss Chapman)	15	21	81	117
South-West Devon:				
(Mrs. Fulford)	32	47	32	111
(Miss Blest)	28	49	22	99
Torbay:				
(Miss Macmillan)	59	109	111	279
Total	171	298	318	787

B. **TYPES OF SPEECH DEFECT OR DISORDER DEALT WITH** (in respect only of children discharged).

Aphasia	1
Cleft Palate	3
Dysarthria	2
Dyslalia	124
Dysphonia	—
Hearing Defect	3
Stammer	36
Others	—

(Note: Some children had more than one defect)

TABLE XII
HANDICAPPED PUPILS

	(1) *Blind* (2) *Partially Sighted*		(3) *Deaf* (4) *Partially Deaf*		(5) *Delicate* (6) *Physically Handicapped*		(7) *Educationally sub-normal* (8) *Maladjusted*		(9) *Epileptic*	(10) *Speech Defects*	*Total* (1-9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Children *newly placed* in Special Schools or Boarding Homes	2	4	2	4	8	20	48	15	1	—	104
B. Children *newly assessed* as needing special educational treatment at Special Schools or in Boarding Homes ..	2	2	—	4	11	14	87	11	1	—	131
C. (i) Children on the registers of maintained special schools as											
(a) Day Pupils	—	—	2	4	18	54	5	—	—	—	83
(b) Boarding Pupils ..	—	2	1	—	1	—	184	—	—	—	188
Children on the Registers of non-maintained special schools as											
(a) Day Pupils ..	—	3	—	4	—	2	—	—	—	—	9
(b) Boarding Pupils ..	19	14	22	5	5	26	—	3	2	—	96
(ii) Children on the registers of independent schools under arrangements made by the Authority ..	—	—	—	2	6	7	8	12	2	—	37
(iii) Children boarded in Homes and not already included in (i) or (ii)	—	—	—	—	1	—	—	13	—	—	14
Total (C) ..	19	19	25	15	31	89	197	28	4	—	427
D. Children being educated under arrangements made under Section 56 of the Education Act, 1944											
(i) in hospitals ..	—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups *e.g.* units for spastics	—	—	—	—	—	—	—	—	—	—	—
(iii) at home ..	1	1	—	2	19	11	5	1	1	—	41
E. Children requiring places in special schools											
(i) Total (a) Day ..	—	—	—	—	1	1	6	—	—	—	8
(b) Boarding	2	3	1	2	3	10	199	3	—	—	223
(ii) Children (included above) who had not reached the age of 5											
(a) awaiting day places	—	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places	1	—	—	—	—	1	—	—	—	—	2
(iii) who had reached the age of 5 but whose parents had not consented to their admission to a Special School ..											
(a) awaiting day places	—	—	—	—	—	—	1	—	—	—	1
(b) awaiting boarding places	—	1	—	1	1	4	127	1	—	—	135

F. On registers of hospital special schools 6

G. Children reported to the Local Health Authority :

(a) Under Section 57 (3)	up to 31/10/60 or from 1/11/60.	19
(b) Under Section 57 (4)		
(c) Under Section 57 (5) of the Education Act, 1944	up to 31/10/60	43
(d) No. of decisions etc.		NIL.

TABLE XIII

IMPROVEMENTS TO OFFICES, SANITATION, ETC., CARRIED OUT DURING THE YEAR ENDED 31st DECEMBER, 1960

County Primary Schools:

Ashburton	Hot water supplies to basins.
Bishops Tawton	Additional basins and hot water supplies.
Bishopsteignton	Improvements to Offices.
Bradninch	Hot water supplies to basins.
Bratton Fleming	Provision of Staff lavatories.
Braunton	Hot water supplies to basins.
Cheriton Fitzpaine	New Offices for boys.
Clovelly	Provision of hot water to basins.
Combe Martin	Additional basins and hot water supplies.
Cullompton	Hot water supplies to basins.
Dalwood	Hot water supplies to basins.
Dawlish Junior	Hot water supplies to basins.
Dunsford	Additional wash basins.
East Anstey	Additional basins and hot water supplies
East Allington	Improvements to lavatories.
East Allington	Hot water supplies to basins.
Exmouth: Exeter Rd. Infants	Additional basins and hot water supplies.
Hartland	Additional wash basins.
Gulworthy	Hot water supplies to basins.
Halwill	Improvements to Offices.
High Bray	Hot water supplies to basins.
Kenton	Hot water supplies to basins.
Lydford	Hot water supplies to basins.
Lustleigh	Additional basins and hot water supplies.
Newton Abbot: Highweek	Hot water supplies to basins.
Paignton: Curledge Street	Hot water supplies to basins.
Paignton: Curledge Street	Improvements to girls' W.Cs. etc.
Paignton: Hayes Road	Hot water supplies to basins.
Paignton: Oldway	Hot water supplies to basins.
Plymstock: Goosewell	Hot water supplies to basins.
Plymstock: Goosewell	Provision of Staff lavatory.
Sandford	Additional basins and hot water supplies.
Shillingford & Petton.	Hot water supplies to basins.
South Tawton	Hot water supplies to basins.
Sticklepath	Hot water supplies to basins.
Tedburn St. Mary	Hot water supplies to basins.
Teignmouth	New staffroom; additional wash basins, and improvements to Offices.
Topsham Junior	Hot water supplies to basins.
Werrington	Hot water supplies to basins.
West Down	Hot water supplies to basins.
Witheridge	Hot water supplies to basins.

Voluntary Primary Schools:

Barnstaple: Blue Coat	Improvements to Staff toilets.
Barnstaple: St. Mary's	Additional basins and hot water supplies.
Black Torrington	Hot water supplies to basins.
Broadhembury	Hot water supplies to basins.
Diptford	Provision of staff lavatory.

Exmouth: Withycombe

Raleigh	Improvements to Urinals.
Georgeham	Additional wash basins and hot water supplies.
High Bickington	Hot water supplies to basins.
Ilsington	Hot water supplies to basins.
Lympstone	Hot water supplies to basins.
Parracombe	Provision of Staff lavatory.
Pyworthy	Installation of water carriage sanitation.
Stoke Canon	Hot water supplies to basins.
Thorverton	Hot water supplies to basins.
Torquay: Ilsham	Hot water supplies to basins.

County Secondary Schools:

Barnstaple Boys	Additional toilets.
Bideford	Changing room and showers.
Great Torrington	Hot water supplies to basins.
Holsworthy	Provision of staff lavatory.
Kingsbridge	Additional wash basins.
Kingsbridge	Additional lavatories.
Plymstock	Additional basins and hot water supplies.
Plymstock	Extensions and improvements to Offices.
Teignmouth	Improvements to Urinals.
Teignmouth	Hot water supplies to basins.
Torquay: Audley Park ..	Additional showers.

Grammar Schools:

Barnstaple Boys	Provision of lavatories in Changing rooms.
Exmouth	Hot water supplies to basins.
Newton Abbot	Erection of Changing room and Showers.

TABLE XIV

SCHOOL CLINICS

Town	*Address*	*Phone No.*	*Type of Clinic*	*½-day Sessions*		
				Week	*Fort-night*	*Month*
Appledore ..	Appledore Hall		Minor Ailment .. .			1
Ashburton ..	Council School		Minor Ailment	1		
Axminster ..	Secondary Modern School	2146	Minor Ailment	1		
	,, ,, ,,		Dental	1		
	Plaza Cinema	2123	Vision			½
	Hut, Axminster Hospital		Speech		1	
Barnstaple ..	19 (b) Alex. Road ..	3549	Minor Ailment	5		
	,, ,, ..		Dental (whole-time) ..		21	
	,, ,, ...		Speech	3		
	,, ,, ...		Vision			1½
	19 (c) ,, ...		Child Guidance ..	2		
Bideford ..	Coronation Road ..	1121	Minor Ailment	1		
	,, ,, ..		Dental (part-time) ..	4		
	,, ,, ..		Speech	2½		
	,, ,, ..		Vision			1
	C. of E. Institute.. ..		Minor Ailment	1		
Braunton ..	Parish Hall		Minor Ailment	1		
Brixham ..	Greenswood Road	3374	Minor Ailment	1		
	,, ,, ..		Vision			1
	,, ,, ..		Dental	1		
	,, ,, ..		Speech	1		
Buckfastleigh	Council School	3104	Minor Ailment			3
Budleigh Salterton	Church Institute		Minor Ailment		1	
Colyton ..	Youth Club, High Street		Minor Ailment		1	
Combe Martin	Town Hall		Minor Ailment		1	
Crediton ..	Newcombes	2649	Minor Ailment ..	1		
	,, ,, ...		Dental (part-time) ..	4		
	,, ,, ...		Speech	1		
	,, ,, ...		Vision			½
Cullompton ..	Baptist Chapel Schoolrooms		Speech		1	
Dartmouth ..	Mayors Avenue	245	Minor Ailment	1		
	,, ,, ...		Dental ..		1	
	,, ,, ...		Speech	1		
	,, ,, ...		Vision			1
Dawlish ..	The Knowle, Barton Road	3254	Minor Ailment		1	
	,, ,, ,, ,,		Vision			½
	,, ,, ,, ,,		Speech		1	
Exeter ..	Alice Vlieland Centre ..	54685	Dental (part-time Orthodontic) ..		1	
	,, ,, ,, ..		Vision			1
	Royal Devon & Exeter Hospital	72261 & 59261	Dental (part-time) ..		1	
	49 Polsloe Road ..		Child Guidance ..	4		
	,, ,, ..		Speech	2		
	City Hospital		Speech	2		
Exmouth ..	St. Clements, 142 Exeter Road	2610	Minor Ailment	3		
	,, ,, ,, ..		Dental (part-time) ..	7		
	,, ,, ,, ..		Speech	2		
	,, ,, ,, ..		Vision			½
	,, ,, ,, ..		Orthodontics			1
Fremington ..	Parish Church Hall ..		Minor Ailments.. ..			1

Town	Address	Phone No.	Type of Clinic	½-day Sessions		
				Week	Fort-night	Month
Holsworthy ..	Town Hall		Minor Ailment			1
	,, ,,		Vision			1
	Secondary Modern School	30	Speech	1		
Honiton ..	Secondary Modern School	283	Minor Ailment	1		
	,, ,, ,,		Dental	1		
	,, ,, ,,		Vision			½
	Mill Street		Speech		1	
Ilfracombe ..	4 Market Street	758	Minor Ailment	5		
	,, ,, ...		Vision			½
	,, ,, ...		Dental (part-time) ..	3		
Ivybridge ..	Methodist Sunday School Room		Minor Ailment		1	
Kingsbridge ..	Tresillian	2280	Minor Ailment	1		
	,, ...		Vision			1
	,, ...		Dental (part-time) ..	3		
	,,		Speech	1		
	Co. Primary School ..	2009	Remedial Exercises ..	1		
Lifton.. ..	Methodist Church Rooms		Minor Ailment			1
Lynton ..	Jubilee Hall		Minor Ailment		1	
Morchard Bishop ..	Memorial Hall		Minor Ailment			1
Newton Abbot	Glencoe, Courtenay Park	377	Vision		1	
	,, ,, ,,		Speech	2		
	,, ,, ,,		Dental (whole-time) ..		21	
Newton Abbot	Highweek C.P.		Speech			4
Northam ..	Church Hall		Minor Ailment		1	
Okehampton..	Fairplace Methodist Rooms		Minor Ailment		1	
	,, ,, ,,		Speech	2		
	,, ,, ,,		Vision			1
Paignton ..	Central Clinic, Midvale Rd.	59131	Consultation		1	
	,, ,, ,,		Vision			2
	,, ,, ,,		Dental (part-time) ..	6		
	,, ,, ,,		Speech	3		
Plympton ..	Harewood House ..		Minor Ailment ..	1		
	Station Road ..	2527	Speech	1		
	,, ,,		Vision			1
	,, ,, ...		Dental (part-time) ..		1	
Plymstock ..	Secondary Modern School	43327	Minor Ailment	1		
	,, ,, ,,		Vision			1
	,, ,, ,,		Dental (part-time) ..	5		
	,, ,, ,,		Speech	1		
	,, ,, ,,		Remedial & Breathing Exercises	1		
Roborough	Recreation Hut ..		Minor Ailment ..			1
	Maristow Sp. School ..		Speech	1½		
Seaton ..	Women's Institute ..		Minor Ailment ..		1	
Sidmouth ..	St. Nicholas School ..		Minor Ailment .. .	1		
	,, ,, ..		Vision			½
	Woolbrook S.M. ..		Minor Ailment	1		
	,, ,, ..		Dental		1	
	Manstone Ave. School		Speech	1		
Sticklepath	Church Hall		Minor Ailment ..			1

Town	Address	Phone No.	Type of Clinic	½-day Sessions: Week	Fortnight	Month
South Molton	99 East Street		Minor Ailment		1	
	" "		Speech		1	
	" "		Vision			½
	" "		Dental (part-time)	2		
Tavistock	Crowndale Road		Minor Ailment			4
	" " "		Vision			1
	" " "		Speech	2		
	" " "		Dental	1		
Teignmouth	Teignmouth Hospital (Out-patients Dept.)		Vision			½
Tiverton	St. Andrew Street	2708	Minor Ailment	1		
	" "		Dental (part-time)	5		
	" "		Speech	1½		
	" "		Vision			½
	" "		Orthodontics	1		
Torquay	Castle Road Clinic	7963	Minor Ailment	5		
	" " "		Speech	2		
	" " "		Dental (whole-time)	15		
	" " "		Vision	1		
	" " "		Child Guidance	4		
	Barton Clinic	87274	Minor Ailment	5		
	" "		Dental (whole-time)		21	
	" "		Speech	1		
	West Hill School	87090	Minor Ailment	5		
Torrington	Church House, New Street		Minor Ailment	1		
	" " "		Speech	1½		
	Secondary Modern School	2186	Vision			½
Totnes	Borough Park	2078	Dental (part-time)	4		
	Secondary Modern School	2392	Vision			1
Willand	Bradfield Sp. School		Speech		1	
Woolacombe	Methodist Hall		Minor Ailment		1	
Yealmpton	Chapel Rooms		Minor Ailment			1

The Minor Ailment Sessions include facilities for Diphtheria Immunization as required.

TABLE XV

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF DEVON, 1960

Age Group	*Sex*	*Tuberculosis and other Infectious Diseases* 1—9	*Cancer and other Malignant Diseases* 10—15	*Vascular Lesions of Nervous System* 17	*Heart and Circulatory System* 18—21	*Respiratory (excluding Tuberculosis)* 22—25	*Stomach and Digestive System* 26—27	*Genito-Urinary* 28—29	*Maternal* 30	*All Others* 16, 31, 32	*Accident, Suicide Etc.* 33—36	*Total Deaths*
0—	M	—	—	1	1	12	—	1	—	60	4	79
	F	—	—	—	—	12	—	—	—	38	4	54
1—	M	—	3	—	1	8	1	—	—	6	1	20
	F	1	3	—	—	4	1	—	—	—	—	9
5—	M	—	2	1	—	3	—	1	—	3	3	13
	F	—	6	—	—	2	—	—	—	3	2	13
15—	M	2	1	—	1	1	—	—	—	5	33	43
	F	—	3	1	3	2	—	—	1	1	4	15
25—	M	2	13	7	25	2	1	3	—	13	30	96
	F	5	30	5	10	1	1	3	4	9	7	75
45—	M	13	209	73	355	80	10	12	—	49	51	852
	F	9	209	78	119	16	2	7	—	47	26	513
65—	M	11	236	128	475	112	19	23	—	59	25	1,088
	F	6	185	171	327	44	11	6	—	73	25	848
75—	M	8	198	247	772	178	26	63	—	107	27	1,626
	F	8	260	508	1,108	165	26	13	—	243	49	2,380
Totals	M											
	F	65	1,358	1,220	3,197	642	98	132	5	716	291	7,724

Table XVI. STATISTICS—COUNTY OF DEVON—1960

Area	Districts		Populations (Est. Mid 1960 Home)	Births Rates per 1,000 Population			Infant Deaths		Tuberculosis and Other Infectious Diseases	Cancer and Other Malignant Diseases	Vascular Lesions of Nervous System	Heart and Circulatory System	Respiratory (excluding Tuberculosis)	Stomach and Digestive System	Genito-Urinary	Maternal	All Others	Accident Suicide Etc.	Total Deaths		
				No.	Crude Rate	Corr't'd Rate	Under 1 year No.	Under 4 weeks No.	1—9	10—15	17	18—21	22—25	26—27	28—29	30	16, 31, 32	33—36	No.	Crude Rate	Corr't'd Rate
1	Exmouth	U.D.	18,580	279	15.02	18.02	3	1	8	65	52	153	30	3	6	—	34	15	366	19.70	12.61
	Budleigh Salterton	U.D.	3,890	37	9.51	13.03	1	—	1	11	16	31	5	—	3	—	8	6	81	20.82	11.45
	St. Thomas	R.D.	34,590	543	15.70	18 84	9	7	4	89	66	191	49	6	7	—	42	26	480	13.88	10.83
2	Honiton	M.B.	4,580	78	17.03	22.82	1	—	1	9	16	23	5	—	—	—	4	—	58	12.66	8.74
	Ottery St. Mary	U.D.	4,230	51	12.05	12.53	—	—	—	12	10	26	6	1	—	—	7	1	63	14.76	11.81
	Sidmouth	U.D.	9,870	91	9.22	12.17	2	1	1	34	36	92	11	3	3	—	16	12	208	21.07	12.22
	Seaton	U.D.	3,000	32	10.66	13.43	—	—	—	9	12	41	4	1	1	—	5	1	74	24.67	12.59
	Axminster	R.D.	14,090	164	11.64	13.39	—	—	1	36	34	66	13	1	2	—	13	5	171	12.14	9.71
	Honiton	R.D.	7,000	95	13.57	15.20	2	2	—	14	9	19	7	2	2	—	8	5	66	9.43	8.86
3	Tiverton	M.B.	11,930	200	16.76	16.93	5	3	1	42	21	63	14	3	3	—	7	2	156	13.08	10.46
	Crediton	U.D.	4,250	53	12.47	11.97	1	1	—	7	13	22	6	—	—	—	4	2	54	12.71	10.17
	Crediton	R.D.	9,880	193	19.53	22.07	4	4	1	18	17	37	20	1	1	—	6	8	109	11.03	10.15
	Tiverton	R.D.	20,590	349	16.95	18.48	7	5	1	47	41	94	28	5	1	—	25	11	253	12.29	11.18
4	Barnstaple	M.B.	15,550	261	16.78	17.28	4	2	1	45	35	101	21	2	3	1	17	7	233	14.98	12.43
	South Molton	M.B.	3,120	28	8.97	9.78	1	1	—	12	6	26	5	3	2	—	6	2	62	19.87	14.51
	Ilfracombe	U.D.	8,620	105	12.18	13.89	—	—	2	28	23	68	6	2	1	—	6	3	139	16.13	11.61
	Lynton	U.D.	1,700	19	11.18	11.29	—	—	1	4	2	11	1	—	1	—	2	1	23	13.53	10.28
	Barnstaple	R.D.	25,050	365	14.57	16.61	6	5	1	43	46	123	20	4	3	—	20	12	272	10.86	9.45
	South Molton	R.D.	8,780	114	12.98	14.93	1	1	—	21	22	40	11	—	1	—	12	4	111	12.64	11.76
5	Bideford	M.B.	10,510	174	16.56	17.39	6	6	1	29	26	69	9	3	2	—	13	4	156	14.84	11.72
	Gt. Torrington	M.B.	2,860	43	15.03	16.98	2	2	1	6	8	25	1	1	—	2	7	2	53	18.53	14.45
	Holsworthy	U.D.	1,640	16	9.76	9.37	1	1	—	2	2	8	4	—	—	—	3	—	19	11.59	6.26
	Northam	U.D.	6,550	79	12.06	13.27	2	2	1	17	17	57	4	3	1	—	8	3	111	16.95	12.88
	Bideford	R.D.	5,200	83	15.96	17.72	2	—	—	6	15	26	5	—	2	—	5	1	60	11.54	10.50
	Torrington	R.D.	7,130	89	12.48	14.73	2	2	—	8	13	44	7	—	2	—	7	2	83	11.64	10.48
	Holsworthy	R.D.	5,920	82	13.85	15.51	—	—	—	4	11	32	7	1	—	—	4	3	62	10.47	9.11
6	Okehampton	M.B.	3,900	43	11.02	11.68	—	—	1	9	10	20	6	2	1	—	11	5	65	16.67	12.00
	Tavistock	U.D.	6,210	75	12.08	13.89	2	2	—	20	23	42	10	—	1	—	14	1	111	17.87	11.26
	Broadwoodwidger	R.D.	2,040	32	15.69	16.47	—	—	—	2	4	3	1	—	—	—	1	1	12	5.88	6.94
	Okehampton	R.D.	12,070	169	14.00	16.52	—	—	2	27	25	66	19	3	3	—	9	6	160	13.26	10.87
	Tavistock	R.D.	15,650	227	14.49	17.68	6	4	1	33	36	82	19	3	3	1	22	8	208	13.28	11.55
7	Kingsbridge	U.D.	3,100	47	15.16	16.37	1	—	—	9	7	30	8	1	1	—	9	3	68	21.94	18.87
	Salcombe	U.D.	2,430	25	10.29	12.35	—	—	—	11	4	13	2	1	—	—	7	—	38	15.64	11.10
	Kingsbridge	R.D.	11,710	159	13.58	15.62	4	3	4	34	32	63	13	2	6	—	14	6	174	14.86	12.48
	Plympton St. Mary	R.D.	37,940	611	16.10	17.23	14	10	5	93	67	215	32	7	16	—	51	17	503	13.26	12.99
8	Dawlish	U.D.	7,190	84	11.68	13.90	1	1	2	21	16	53	11	3	2	—	10	2	120	16 69	12.35
	Newton Abbot	U.D.	17,470	225	12.88	13.14	2	2	3	32	39	116	18	2	3	—	23	12	248	14.20	8.18
	Teignmouth	U.D.	11,050	127	11.49	13.67	—	—	—	24	37	83	17	1	2	—	21	8	193	17.47	9.61
	Newton Abbot	R.D.	26,060	343	13.16	15.27	10	10	4	66	58	140	28	5	6	—	38	11	356	13.66	11.34
9	Torquay	M.B.	51,760	580	11.21	12.33	18	14	8	172	125	356	75	8	15	1	76	32	868	16.77	11.91
10	Totnes	M.B.	5,510	66	11.98	12.70	1	1	—	20	14	23	8	—	1	—	27	2	95	17.27	10.53
	Ashburton	U.D.	2,700	40	14.82	16.01	2	2	—	8	6	15	2	—	—	—	5	2	38	14.07	10.41
	Buckfastleigh	U.D.	2,450	32	13 06	15.28	—	—	—	6	5	12	1	—	—	—	3	4	31	12.65	9.74
	Totnes	R.D.	14,560	187	12.84	15.41	2	2	6	22	32	88	25	3	8	—	21	11	216	14.84	10.39
11	Dartmouth	M.B.	6,270	89	14.19	15.47	—	—	—	12	6	30	4	—	1	—	6	1	60	9.57	8.33
	Brixham	U.D.	9,960	130	13.05	13.57	2	2	1	27	28	48	15	2	4	—	21	7	153	15.36	12.90
	Paignton	U.D.	27,490	299	10.88	13.49	6	4	1	92	77	211	29	10	12	—	38	14	484	17.61	10.92
	Administrative County		526,640	7,213	13.70	15.48	133	103	65	1,358	1,220	3,197	642	98	132	5	716	291	7,724	14.67	11.44